

SYMPHONY ISLES BUILDING CHECK LIST

BUILDING LOT STREET ADDRESS _____

OWNER'S NAME AND PHONE # _____

BUILDER'S NAME AND PHONE # _____

DATE PLANS SUBMITTED _____

ENGINEERING APPROVAL DATE _____

CONSTRUCTION DEPOSIT RECEIVED ~~_____~~ YES ___ NO ___

SEE ARTICLE VI, EASEMENTS AND RESTRICTIONS, PAGES 19-29, and ARCHITECTURAL COMMIIIEE REQUIREMENTS FORCONSTRUCTION

SEAWALL COMPLETED YES ___ NO ___

PLOT SITE PLAN ON SURVEY YES ___ NO ___

FRONT SET BACK 20 FT YES ___ NO ___

REAR SET BACK 15 FT YES ___ NO ___

POOL AND/OR DECK SET BACK 10 FT YES ___ NO ___

SIDE SET BACK 7.5 FT LEFT YES ___ NO ___

RIGHT YES ___ NO ___

HEIGHT 35 FT MAXIMUM YES ___ NO ___

SQUARE FOOT MINIMUM (SEE ARTICLE VI) YES ___ NO ___

POSITIVE DRAINAGE PLAN -1.5' CURB TO SEAWALL-LEFT YES ___ NO ___

RIGHT YES ___ NO ___

ELEVATIONS

GARAGE YES ___ NO ___

POOL YES ___ NO ___

FRONT YES ___ NO ___

SIDE LEFT YES ___ NO ___

RIGHT YES ___ NO ___

REAR YES ___ NO ___

ELECTRICITY ON SITE YES ___ NO ___

PORT-O-JOHN ON SITE YES ___ NO ___

WATER ON SITE YES ___ NO ___

BUILDING PLANS APPROVED AND BUILDING MAY BEGIN YES ___ NO ___

HOME COLORS SUBMITTED AND APPROVED
LANDSCAPE PLANS SUBMITTED AND APPROVED
LATTICE WORK COVERS HVAC, POOL EQUIPMENT

YES ___ NO ___
YES ___ NO ___
YES ___ NO ___

AS BUILT SURVEY SHOWING POSITIVE DRAINAGE

YES ___ NO ___

CERTIFICATE OF OCCUPANCY

YES ___ NO ___

**IN NO EVENT SHALL SETBACKS BE LESS THAN THOSE
REQUIRED BY APPLICABLE LAW**

COMMENTS