

PRIMARY STRUCTURE

DESCRIPTION OF MATERIALS TO BE USED

NAME _____

LEGAL _____ ZONE _____

ADDRESS _____

TYPE OF STRUCTURE

___ Single Family ___ Accessory Building ___ Commercial
___ Multi Family ___ Addition ___ Historic Rehab
___ Accessory dwelling ___ Other _____

ROOFING TYPE

___ Shake Shingle ___ Pro Panel style ___ Galvanized, Corrugated Metal
___ Milled Shingle ___ Standing Seam ___ 5-V Crimp
___ Other _____

EXTERIOR FINISH

Siding

<i>TYPE</i>	<i>SIZE</i>	<i>LOCATION</i>	<i>COLOR</i>
___ Horizontal	_____	_____	_____
___ Vertical	_____	_____	_____
___ Other	_____	_____	_____
___ Stucco	_____	_____	_____
___ Trim	_____	_____	_____

____Fascia_____

____Corner Boards_____

DOORS

	<i>MATERIAL</i>	<i>STYLE</i>	<i>FINISH</i>
____Primary door_____ _____			
____Secondary door_____ _____			

WINDOWS

<i>Type:</i>	<i>Style:</i>	<i>Material:</i>	<i>Glazing:</i>
____Casement	____Simulated, divided lite	____Wood	____Low E
____Casement, egress	____True, divided lite (historic)	____Aluminum clad, wood	____Heat mirror
____Double hung	____Decorative mullions	____Other _____	____Tempered
____Awning	____Other _____		____Standard
____Fixed			____Other _____
____Slide-by			

Describe locations if a mix is used_____

Other Exterior Features (i.e. railings, chimneys, posts, etc.)_____

I agree to submit changes from the list above to the building inspector and BOZAR chairman for approval prior to implementation of the change.

SIGNATURE OF OWNER / REPRESENTATIVE_____

DATE_____