



**APPLICATION FORM TWO - DD and CD**

Submit this form only after all fees have been paid and you have received instruction for submittal. This form, Checklists One, Two and Three and all required information, including drawings, photographs, material samples, etc., must be submitted in digital format using pdf, or jpeg file formats.

**Do not mail or hand deliver.**

- Application for a DD Review of a new Residence: \_\_\_\_\_ YES \_\_\_\_\_ NO
- Application for CD Architectural Review of a new Residence: \_\_\_\_\_ YES \_\_\_\_\_ NO
- If this is a combined DD/CD Review, check BOTH.

**LOT#:** \_\_\_\_\_

SUBMITTAL DATE: \_\_\_\_\_

**PROPERTY ADDRESS:**

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Complete all applicable information below:

**OWNER'S NAME:**

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CURRENT ADDRESS:

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CITY/STATE:

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PHONE: \_\_\_\_\_ (Provide the preferred phone number for contact)



EMAIL:

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**REGISTRANT:**

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CURRENT ADDRESS:

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CITY/STATE:

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PHONE: \_\_\_\_\_ (Provide the preferred phone number for contact)

EMAIL:

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**BUILDER:** \_\_\_\_\_ License No.: \_\_\_\_\_

CURRENT ADDRESS:

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CITY/STATE:

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PHONE: \_\_\_\_\_ (Provide the preferred phone number for contact)

EMAIL:

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PLAN NAME:

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**ARCHITECT/DESIGNER:**

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CURRENT ADDRESS:

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CITY/STATE:

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PHONE: \_\_\_\_\_ (Provide the preferred phone number for contact)

EMAIL:

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Has Architect or Designer approved you to submit their plans to the CARC to be used for its purposes? **YES NO**

(Circle One)

HEATED SQ. FT: \*1 1ST FLOOR \_\_\_\_\_

2ND FLOOR \_\_\_\_\_

BASEMENT \_\_\_\_\_

OTHER \_\_\_\_\_

SUBTOTAL \_\_\_\_\_ (Heated)

UNHEATED SQ. FT.: SUBTOTAL \_\_\_\_\_ (Under Roof)

TOTAL SQ. FT. (ADD SUBTOTALS): \_\_\_\_\_ (Under Roof)

IMPERVIOUS AREA SQ. FT \*2 ALLOWED \_\_\_\_\_ ACTUAL

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1. The HEATED SQUARE FOOTAGE shall be measured in the manner prescribed by the International Building Code (IBC) which is to the inside face of the interior finish materials of the perimeter walls of Conditioned Space.



- 2. IMPERVIOUS AREA shall be measured in the manner prescribed by the North Carolina Department of Environment and Natural Resources, Division of Water Quality. Building area, as related to Impervious Area, shall be measured to the outer edge of the roof overhang. See Article 4.1.

**EXTERIOR MATERIALS:** (Specify Manufacturer, Product Name, & Color for all that apply. Good quality digital images of proposed materials must be submitted)

BRICK: \_\_\_\_\_  
(manufacturer) (product name) (color)

STONE: \_\_\_\_\_  
(manufacturer) (product name) (color)

STUCCO: \_\_\_\_\_  
(manufacturer) (product name) (color plus CMYK or RGB #)

SIDING: \_\_\_\_\_  
(manufacturer) (product name) (color plus CMYK or RGB #)

ROOF: \_\_\_\_\_  
(manufacturer) (product name) (color)

WINDOW: \_\_\_\_\_  
(manufacturer) (product name) (color plus CMYK or RGB #)

DOOR: \_\_\_\_\_  
(manufacturer) (product name) (color plus CMYK or RGB #)

SHUTTERS: \_\_\_\_\_  
(manufacturer) (product name) (color plus CMYK or RGB #)



TRIM: \_\_\_\_\_  
(manufacturer) (product name) (color plus CMYK or RGB #)

GARAGE \_\_\_\_\_  
DOOR: (manufacturer & product) (style & panel no.) color plus CMYK or RGB #

OTHER: \_\_\_\_\_  
(manufacturer) (product name) (color)

DRIVEWAY: \_\_\_\_\_  
(manufacturer) (product name) (color)

WALKS: \_\_\_\_\_  
(manufacturer) (product name) (color)

OTHER: \_\_\_\_\_  
(manufacturer) (product name) (color)

**Reference Article 3 for additional check lists which must be provided.**

**THE UNDERSIGNED CERTIFIES THAT IT WILL OBTAIN BUILDING AND ZONING PERMITS ISSUED BY THE AUTHORITY HAVING JURISDICTION, PRIOR TO THE START OF CONSTRUCTION ACTIVITIES.**

**Submitted by: (signature)**

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title may be: Owner; Architect, Contractor, Realtor, etc.**