G R E A T	W E S T E R N	CROSSING	
SCHEMATIC DESIGN REVIEW APPLICATION			

Application Submission Date $\_$		-	
Type of Review (check one) $\square$	] Schematic Design 🔲 H	Re-Submittal	
Lot Number	Plat No		
Lot Address			
NAME OF OWNER OR APPLICANT			
			Zip Code
Street Address City			Zip Code
P	r o j e c t I n	FORMAT	I O N
Lot Acreage	_ Lot Square Footage	Lot Coverage	
HOME SQUARE FOOTAGE (HEATED & G	COOLED) FIRST FLOOR	SECOND FLOOR _	BASEMENT TOTAL S.F
Number of Bedrooms	Number of 1	Bathrooms	
Enclosed Parking Spaces			
No. of Stories			
BUILDING HEIGHT (MEASURED FROM AVER			
	U B M I T T A L		
3		C H E C K L	1 5 1
Schematic Design submittal	S SHALL BE SUBMITTED ELECT	'ronically or Two f	rinted copies to scale on $11X17$

I have read and will comply with the great western crossing design guidelines relating to design and CONSTRUCTION REQUIREMENTS FOR GREAT WESTERN CROSSING