

Application Form and Requirements
Savannah Green Architectural Control Committee

***all Town of Normal zoning requirements must be submitted with this application**

Date _____ Lot # _____ Street Address _____

Owner Information: Name _____
Address _____
City _____, State _____ Zip _____

Phone _____
Phone _____

Architect or Builder Name _____
Address _____
City _____, State _____ Zip _____

Phone _____
Phone _____



- Remodel Exterior
- Landscape
- Deck
- Fence
- Other

- Town of Normal Zoning Documents
- Plans
- Foundation Plan
- Material Samples or Descriptions
- Other _____

Date Received ____/____/____ Date Reviewed ____/____/____
Approved yes No
Reason for disapproval _____

Permit Number _____

Signature of Owner _____ Date: ____/____/____