CARDIFF TERRACE ARCHITECTURAL REVIEW BOARD WORKING DRAWINGS FINAL APPROVAL CHECKLIST

Owner:	
Address:	
Project:	
ARB Approval:	
Comments:	
Signature for the ARB:	Date:

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INDEPENDENT PLAN CHECK (Attach plan check correspondence)		
Review Complete By:	Date:	
Comments:		
Rechecked/ Accepted By:	Date:	
Comments:	Dute.	
Comments:		
CAMPUS FIRE MARSHAL APPROVAL:		
Signature:	Date:	