



# CARILLON BEACH

## DESIGN REVIEW BOARD

# Project Approval Form

*This completed form shall be maintained at the project site within the permit box for the duration of construction*

**Lot #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Date of Carillon Beach DRB Approval:** \_\_\_\_\_

**Bay County Building Permit #:** \_\_\_\_\_

**Date of Bay County Building Permit:** \_\_\_\_\_

**Construction Commencement Date:** \_\_\_\_\_

**Contactor:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Project Superintendent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Architect:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_