

GHAD Chaeklist

For Submittal at time of Architectural Committee Review

Owner Information

Designer's Information

N	Name			Name		Lisc. No:		
.A	ddness			Address		Application Date		
 Te	elephone(s)			Telephone(\$)				
INSTRUCTIONS: THIS FORM IS INTENDED TO AID THE DESIGNER BY EMPHASIZING IMPORTANT DESIGN CRITERIA								
(H AF AF res) Work (W) Plicant 1 BC Review Sponses sho	to fill in boxes also ve. If Owner is also (Fax (F), or Car (C) to help us contact to fill in boxes to left of checklist, and NEPs: The applicant should have filed ould be "FULLY complied with" or the r redesign by the Applicant by checki	ct dis ere	tyou with questions or com sign bottom of form inclicati n all appropriate boxes an should be an aclequate e	iments. ing correctness i d signed the for xplanation attac	m prior to starting your review. Al	,	
APPLI	CANTCHE	CK BOXES				FOR INADEQUATE SUBMITTALS: ANT TO PROVIDE DETAILED		
Check each box in this column to indicate each Section where ANY work of that type is to be done. [Check each box where this criteria applies and is FULLY complied with.					EXPLANAT SUBMITTAL	10N OR TO REVISE PLANS AND TO ADEQUATELY RESPOND TO TERIA THAT IS CHECKED BELOW		
	Check each box where this criteria applies and is PARTIALLY complied with or NOT complied with. PROVIDE AN EXPLANATION, ON AN ATTACHED SHEET, FOR EACH CHECKED ITEM IN THIS COLUMN.							
	, 🗼	NOTE: Each applicable : One of the two boxes in the	S	ection to be marked w ese rows must be ma	vith an X, this rked for each	column. criteria in that Section.	,	
		DESIGN CRITERIA COI All water will drain awa No water will pond any All water will drain awa All water will drain into All roof drain lines will I All lined ditches and dra All top of slope berms w No material, soil, or rock Winter construction will New improvements will No structural improvemence except in strict complian	ly bas vi k l	r from the resident where in the yard. If from the tops of a the street, lined dr e located before d in lines will remain il remain in place will be placed on keep dirt out of dr not block or modif ents will be placed	side and re ainage dite igging and n in place v with no m any slopes ains and ya fy drain eas l on slopes o	on when work is done. ar downslopes. thes, or drain inlets. repaired if broken. with no modifications. odifications. steeper than 5:1. ard water off slopes. sement improvements. or in seismic setbacks		
		REGRADING THE YAR PATTERN, MOVING D All drain inlets and swal to pick up yard water. V	I:	RT AROUND. es will be adjusted	in elevatio	n, or new ones added,		
		LANDSCAPING THE Y. Design Guidelines regar Design Guidelines goal (Design Guidelines goal (is greater) was met Design Guidelines goal (0	ling Water Efficier f minimum 30% d f maximum 1000 S	nt Landscap rought tole Sq. Ft. or 25	pes have been followed. Frant plantings was met. 5% turf area (whichever		
		Design Guidennes Sour	u	LIOW VOIGINE, CON	попеси и и	ga dioir ayatema vvaa met.	ш	

APPLICANT CHECK BOXES Check each box in this column to indicate leach Section where ANY worth at type is to be done. Check each box where this criteria applies and is FULLY complied.	SUBMITTAL TO ADEQUATELY RESPOND TO EACH CRITERIA THAT IS CHECKED BELOW						
Check each box where this criteria applies and is PARTIAL PROMDE AN EXPLANATION, ON AN ATTACHED SHI NOTE: Each applicable Section to be made of the two boxes in these rows must	EET, FÖR EACH CHECKED ITEM IN THIS COLUMN.						
INSTALLING OR CONSTRUCTING FOUNTAIN, STREAM, POND, ETC. Improvement, if located on or within signed by a licensed structural or civ. Design Guidelines regardings eismic	A POOL, WATER FEATURE, 1 5' of a slope, has been designed & il engineer. 2 setback zones have been followed. 3 gravity flow piped subdrain system or rear yard slope. The system has						
A DECK, GAZEBO, OR AN OUTBU	seismic setbacks have been followed. roperly sloped (2% minimum slope) sting drain lines. are not tied into site subdrain						
Sultrmittal signature: APPLICANT Construction Completion Statement Contruction has been completed, and I believe that all construction complied with these guidelines as presented on this form. Signed: OC: GH ADGeneral Manager APPLICANT							

V8-3/24@3