

# WOLF HOLLOW

## ARCHITECTURAL REVIEW FORM

Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Builder: \_\_\_\_\_

A. Please supply two complete sets of house plans showing all exterior details, materials, materials mfg., style, type, and colors used for the following:

Exterior siding: \_\_\_\_\_ Exterior Brick/Stone: \_\_\_\_\_

Roof: \_\_\_\_\_ Exterior Trim: \_\_\_\_\_

Soffit: \_\_\_\_\_ Fascia: \_\_\_\_\_

Front Entrance Door: \_\_\_\_\_ Overhead Garage Door: \_\_\_\_\_

Gutter/Downspouts: \_\_\_\_\_ Shutters: \_\_\_\_\_

Wood Trim Color: \_\_\_\_\_ Wood Wrap Color: \_\_\_\_\_

B. Please supply two site plans to scale detailing the location of the following:

- House and driveway on the lot showing the setbacks and lot grades.
- Landscaping
- Retaining walls
- Other features pertinent to your plan
- Elevation drop, (from top of the foundation wall to the top of the street curb)

As Lot Owner, I/We agree to have my/our house built according to the plans and information herein submitted.

It is agreed and understood that Purchaser and Builder understand the recorded Restrictions and Covenants for Wolf Hollow Subdivision including, but not limited to, landscaping and driveway requirements.

By approval of the plans submitted to the Developer, Developer shall be responsible for obtaining any approval necessitated Town and County ordinances and the Developer will not give any opinion nor make any representation as to soil conditions; that the building built pursuant to the plans will be structurally sound; or that the plans or site plan meet any town, county, or state codes or ordinances. Developer shall not have any liability to any builder or lot owner with respect to the construction of the materials used in any building on a lot within a plat. It shall be the Builder and Lot Owner's sole responsibility to obtain all permits for the construction of any improvements on a lot in the plat.

I agree to have my house built according to the plans and information herein submitted.

Presented By: \_\_\_\_\_

Accepted By: \_\_\_\_\_

\_\_\_\_\_  
*Lot Owner's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Developer*

\_\_\_\_\_  
*Date*

**Please submit to:**

**Wolf Hollow Architectural Control Committee  
C/O Wolf Hollow Windsor, LLC.  
2601 Crossroads Drive, Suite 140  
Madison, WI 53718  
608.661.1101 Fax: 608.661.1110**