

Client Name:

Is this a revision?

YES
NO

Design Request:

Foundation
Framing
Lateral Bracing
Other:

Subdivision:

Address:

City:

Lot:

Block:

Section/Phase:

Plan #:

Plan Name:

Elevation:

Garage Swing:

Garage Options:

Drop Garage:

in.

Masonry: 1 2 3 4 None

Brick Return: ft.

Covered Pation? Yes No

Patio Type:

Right Form Heights

Left Form Heights

Right Rear Corner:

Left Rear Corner:

Right Front Corner:

Left Front Corner:

Plan Options/Details: