

CCRA GOVERNANCE COMMITTEE INITIAL APPROVALS CHECKLIST

NAME OF RESIDENT:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

PROJECT DESCRIPTION:

Answer **Yes** or **No** to the following, add applicable comments, if not applicable note as **NA**

		YES	NO	N/A
1.	Is the project in harmony with the goals of the Protective Restrictions to Protect open sight lines and park-like views? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the project provide an enhancement to the community? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the project comparable to other similar projects previously approved by The Board? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the quality of design, materials and finish compatible with the related residence and our community at large? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there any material interference with the sight lines or views of other residents? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are the neighbours aware of and supportive of the project? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Would approval of the project set an undesirable precedent? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are there any special circumstances, which should be taken into account? COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FURTHER ACTION REQUIRED:

DATE ACTION REQUIRED:

PRELIMINARY APPROVAL DATE:

GOVERNANCE MEMBER SIGNATURE: _

N.B You may want to take a tape measure, a clipboard, this checklist and a pen to this inspection.