

Design Review Application
CASTLE VALLEY RANCH HOA
ARCHITECTURAL CONTROL COMMITTEE
ADDITIONS & ALTERATIONS, REPLACEMENTS & REPAIRS APPLICATION

HOMEOWNER

Name: _____

Mailing Address: _____

PHONE# (home)_____ (business)_____ (fax)_____ (cell)_____

Email: _____

Lot_____ Block_____ Lot Address_____

BUILDER

Name: _ _ _____

Address: _____

PHONE# (home)_____ (business)_____ (fax)_____ (cell)_____

Lot_____ Block_____ Lot Address_____

SITE CONTACT PERSON

Name: _____

PHONE# (home)_____ (business)_____ (fax)_____ (cell)_____

PROJECT INFORMATION & DESCRIPTION

PROCESS OF REVIEW

Complete Submittal Package

Accepted By:

Date Accepted:

Date of Approval/Denial:

Inspections

(Site)

(Final)

Fees Collected

Violation(s):