

CASTLE VALLEY RANCH PUD
ARCHITECTURAL CONTROL COMMITTEE
NEW HOME REVIEW REQUEST FORM APPLICATION

Lot Owner

Name: _____

Mailing Address: _____

Phone Numbers: (home)_____ (business)_____ (fax)_____

Email Address: _____

Lot_____ Block_____ Lot Address_____

Finished Heated Livable Area of Proposed Home _____ (Sq. Ft.)

Builder

Name: _____

Address: _____

Phone Numbers: (home)_____ (business)_____ (fax)_____

Site Contact Person

Name: _____

Phone Numbers: (home)_____ (business)_____ (fax)_____

Process of Review

Complete Submittal Package

Accepted by:

Date Accepted:

Date of Acceptance/Rejection:

Date Town Notified of Acceptance:

Inspections

(Site)

(Final)

Fees Collected

New Home Design Review Fee (Amount/Date):

New Home Damage/ Performance Deposit (Amount/Date):

Violations