

**RIVER VALLEY RANCH MASTER ASSOCIATION
DESIGN REVIEW REQUEST FORM**

BLOCK/LOT: _____

LOT OWNER NAME: _____
MAILING ADDRESS: _____
RVR ADDRESS: _____
PHONE (HOME): _____ **PHONE (CELL):** _____
FAX _____ **PHONE (OTHER):** _____
EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

Livable Area of proposed home: _____ sq feet

OWNER'S REPRESENTATIVE (IF APPLICABLE)

NAME: _____
MAILING ADDRESS: _____
PHONE (BUSINESS): _____ **PHONE (CELL):** _____
FAX _____ **PHONE (OTHER):** _____
EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

LICENSED ARCHITECT

NAME: _____
MAILING ADDRESS: _____
PHONE (BUSINESS): _____ **PHONE (CELL):** _____
FAX _____ **PHONE (OTHER):** _____
EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

BUILDER

NAME: _____
MAILING ADDRESS: _____
PHONE (BUSINESS): _____ **PHONE (CELL):** _____
FAX _____ **PHONE (OTHER):** _____
EMAIL (PRIMARY): _____ **EMAIL (SECONDARY):** _____

I have read and understand the Master Design Guidelines, DRC correspondence and agree to abide by all requirements and regulations set forth in the Covenants and the Master Design Guidelines.

Signature of Property Owner

Date