APPLICATION FOR PLAN REVIEW

SUBMIT TO OVNPOA ARCHITECTURAL CONTROL COMMITTEE

Name of Property Owner:	
Plan Number:Lot #	Structure Type:
Property Address:	Building Size:
	% of Masonry:
Owner Phone #:	Masonry Type:
Owner Email:	Est. Start Date:
Builder's Name:	Est. End Date:
Builder's Address:	Approval Check # :
	Deposit Check # :
	Date Received:
Builder's Phone #:	Plans are reviewed as received each month and are subject to permit from
Builder's Fax #:	the City of Bulverde.
specifications. New owner information not required if existing Builder must submit two complete sets of plans and specifications.	le must be completed and submitted with new home plans and g owner only making additions to property. tions for review. The plans must include a plot layout, floor plan and
four exterior elevations.	
Incomplete documentation submitted to the Architectural Co	ontrol Committee will not be reviewed.
The builder may not commence work prior to receiving appro	
(FOR OVN ARCHITECTURAL COMMITTEE USE ONLY)	
Date Submitted:	
	OVN Architectural Committee Member
Date Approved:	OVN Architectural Committee Member
Date Rejected:	OVN Architectural Committee Member