

REFLECTION POINTE OPTIONAL SCHEMATIC REVIEW REQUEST

THIS FORM MUST BE COMPLETED PRIOR TO SENDING DRAWINGS TO THE REFLECTION POINTE ARCHITECTURAL CONTROL COMMITTEE. UPON PROCESSING BY THE ASSOCIATION MANAGER, INSTRUCTIONS WILL BE E-MAILED TO THE REGISTRANT. DELIVER, MAIL, FAX, OR SCAN AND ELECTRONICALLY MAIL THIS FORM WITH \$200 FEE, IF APPLICABLE, PAID TO:

REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.
C/O Cedar Management Group - Association Manager (AM)
Attn: Susan Rouanzion, PO Box 26844, Charlotte, NC 28221 704.644.8808

Reference: Article 3.5A of the Reflection Pointe Architectural Guidelines for more information:

Lot Number: _____-S (AM: Please add “-S” to the lot number when registering, e.g., lot 1234-S)

Lot Owner / Prospective Lot Owner (PLO): _____

Lot Owner / PLO e-mail address: _____

Registrant Name (primary contact) _____

Registrant e-mail address: _____

Registrant Telephone: _____ Fax: _____ (w/area code)

ALSO, CONFIRM THE FOLLOWING AND INCLUDE FEES WHERE APPLICABLE:

I. Initials _____ Homeowner’s fees paid to HOA for current year (include if not previously paid).

II. Initials _____ \$200 for owners intending to market the home and lot upon completion of construction or potential owners other than an individual or family unit. No fee for prospective lot owners or owners who intend to become residents of Reflection Pointe. See Article 3.5

***IMPORTANT GENERAL NOTES:** All submittals after this form are to be digital. You will be provided means to access the Charette Architects web site where you will upload you plans. There is no regular meeting time for the RPACC. Reviews will commence upon receipt of the digital submittal and typically are completed within two weeks. All RPACC notifications will be issued digitally to the Registrant’s e-mail address.

Owner acknowledges that for this Optional Schematic Review that the efforts of the RPACC are based on a good faith effort and that there is no guarantee or warranty that the RPACC will not find unacceptable conditions at a later date as plans become more refined and detailed that would prevent approval of the home or that could incur additional costs to construct.

Owner or Potential Owner Signature _____ Date _____

Printed Name: _____

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM ONE (three pages)

SUBMIT THIS FORM,
AND YOUR APPLICATION FEES ONLY, TO:
REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.

C/O Cedar Management Group - Association Manager (AM)
Attn: Susan Rouanzion, PO Box 26844, Charlotte, NC 28221 704.644.8808

(YOU WILL BE NOTIFIED BY E-MAIL HOW TO MAKE FUTURE SUBMITTALS)

COMPLETE THE FOLLOWING:

Lot Number: _____
Lot Street Address _____
Lot Owner: _____
Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant Mailing Address _____
City: _____ State: _____ Zip: _____
Registrant Telephone: (_____) _____ Fax: (_____) _____ (w/area code)
Builder (if selected) _____

ALSO, CONFIRM THE FOLLOWING WHERE APPLICABLE:

- I. * Initials _____ Homeowner's fees paid to HOA for current year (include if not previously paid).
II. * Initials _____ Main dwelling Architectural Review fee (& dock where applicable) \$1,000.00.
III.* Initials _____ Compliance Security Deposit for dwelling construction: \$3,000.00 by Builder (\$1,500.00 for remodel);
\$1000.00 by Owner
IV. * Initials _____ Sewer Tap Fee: \$1,512.00
V. * Initials _____ Sewer Grinder Fee: \$7006.00
VI.* Initials _____ Sewer Top Protection Fee: \$200.00
VII. Initials _____ Additional Plan Review \$150.00 fee is attached.
VIII. Initials _____ Additional On-Site Review \$150.00 fee is attached.
IX. Initials _____ Modification to Existing Home \$325.00 fee is attached.
X. Initials _____ Dock Review fee: \$250.00 is attached (only if sent separate from II).
XI. Initials _____ Review of change not addressed herein and not requiring a building permit \$75.00 fee attached.
XII. Initials _____ Insurance Forms Attached per Article 8.5.
XIII. Initials _____ Modification fee (See article 3.14D)

* Required to be paid with the initial Submittal for any new dwelling.

** Sewer Grinder fee could vary with the cost of materials at the time of installation.

General Note: The fees listed are HOA fees and do not include any local government fees

Reflection Pointe Homeowners Association Architectural Guidelines Dec 2015 Edition
GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE
GUIDELINES ON SUBMITTAL FORM ONE

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM ONE

PAGE 2 of 3

This portion of the form must be completed in full prior to commencing the review. If the Association Manager does not have this on file prior to construction, you will not be issued authorization to submit your plans or to have your Builder obtain a gate access code to the community. If all subcontractors have not yet been identified, please note as TBD (To Be Determined). When known, please resubmit this portion of the form to the Association Manager. Also, if you change subcontractors or need to add to the list, please contact the Association Manager. You will be accountable for all subs entering the community.

Address of Lot: _____

Homeowner: _____ Phone Number: _____

Contractor: _____ Phone Number: _____

Job Foreman: _____ Phone Number: _____

Architect/Engineer/ Designer: _____

Surveyor: _____

Lot Clearing/Grading: _____

Termite Co.: _____

Concrete: _____

Building Supply Company: _____

Framer: _____

Mason/Exterior Finish: _____

Water Proofing: _____

Gutters: _____

Roofing: _____

Electrician: _____

Plumber: _____

Lighting Company: _____

Wood Flooring: _____

Tile Work: _____

Carpet: _____

Cabinet Makers/Installers: _____

Painter Interior/Exterior: _____

Appliances: _____

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**REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM ONE
PAGE 3 of 3**

Heating & Air: _____

Garage Door: _____

Landscaping: _____

Other – Please specify type of company as well: _____

ATTESTED TO (print name): _____ Title: _____

Signature: _____ Date: _____

BUILDER AND OWNER AND/OR REGISTRANT ACKNOWLEDGES THAT THEY HAVE READ AND AGREE TO CONFORM TO THE COMMUNITY GUIDELINES AS OUTLINED IN EDITION DATE AS NOTED ON THE BOTTOM OF THIS PAGE:

By: (Property Owner signature) _____
Print name: _____ **Date:** _____

By: (Builder signature) _____
Print name: _____ **Date:** _____
Company: _____ **NC Contractor License #** _____
Contractor License Limit: _____

Areas In Box To Be Completed By RPHOA Only			
TOTAL Review Fee(s). \$ _____	Check #: _____	Date: _____	Paid By: _____
\$ _____ / _____ Compliance Security Deposits	Check #s: _____ _____	Dates: _____ _____	Paid By: _____ _____
RPHOA Fees Current?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance forms attached per Article 8.5	<input type="checkbox"/> YES <input type="checkbox"/> NO
Submittal Received By: _____			Date: _____
Gate Code Issued: _____			Date: _____
Application Entered on the ACC Web Site _____			Date: _____

NOTE: ATTACHED TO THIS APPLICATION THE OWNER MUST INCLUDE A COPY OF CONTRACTOR INSURANCE ENDORSEMENTS PER ARTICLE 8.5.

REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO
APPLICATION FORM - FOUR PAGES

SUBMITTAL ONE MUST BE COMPLETED PRIOR TO SUBMITTING THIS FORM.

YOU WILL RECEIVE INSTRUCTIONS BY E-MAIL AS TO HOW TO SUBMIT THIS FORM.

ALL INFORMATION, INCLUDING THIS FORM MUST BE SUBMITTED DIGITALLY AS A PDF, TIFF OR JPEG.

DATE OF THIS SUBMITTAL: _____ LOT #: _____ ORIGINAL ____ RESUBMITTAL ____ (check one)

PROPERTY ADDRESS: _____

OWNER'S NAME: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMAIL: _____

GENERAL CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

NOTE: WHERE OWNERS ARE CONTRACTING WORK THROUGH PRIME SUBCONTRACTORS PROVIDE THE FOLLOWING. THIS INFORMATION IS NOT REQUIRED WHERE ALL WORK IS CONDUCTED THROUGH THE GC. ALSO PROVIDE THE REQUIRED INSURANCE INFORMATION FOR ANY CONTRACTOR PER ARTICLE 8.5

HVAC CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

ELECTRICAL CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

PLUMBING CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

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REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO PAGE 2 of 4

LANDSCAPE CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
CITY/STATE/ZIP: _____

ARCHITECT/DESIGNER: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
CITY/STATE/ZIP: _____

ARCHITECT/ DESIGNER HAS GIVEN APPROVAL FOR THE USE OF THIS PLAN ON THIS SITE AND FURTHERMORE HAS GIVEN PERMISSION FOR THE SARC TO COPY THEIR WORK FOR ITS USE: YES _____ NO _____

PLAN NAME: _____

HEATED SQ. FT. *1	1 ST FLOOR	_____ (SEE FOOTNOTE BELOW)
	2 ND FLOOR	_____
	BASEMENT	_____
	OTHER	_____
	SUBTOTAL	_____ (Heated)
UNHEATED SQ. FT.:	SUBTOTAL	_____ (Under Roof)
TOTAL SQ. FT. (ADD SUBTOTALS):		_____ (Under Roof)

Identify any construction or landscaping equipment to be used that is a track type loader or excavator.

EXTERIOR MATERIALS: (Specify website for Manufacturer, Product Name, & Color for all that apply. If website is not available, provide a digital photograph of proposed material taken in normal daylight)

BRICK: _____ COLOR: _____
STONE: _____ COLOR: _____
STUCCO: _____ COLOR: _____
SIDING: _____ COLOR: _____
OTHER: _____ COLOR: _____
ROOF: _____ COLOR: _____
WINDOWS: _____ COLOR: _____

¹ The HEATED SQUARE FOOTAGE shall be measured to the inside face of the interior finish materials of the perimeter walls.

**REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO PAGE 3 of 4**

TRIM: _____ COLOR: _____

DOORS: _____ COLOR: _____

SHUTTERS: _____ COLOR: _____

DRIVEWAY: _____ COLOR: _____

DRIVEWAY APRON: _____ COLOR: _____

PATTERN: _____

WALKS: _____ COLOR: _____

OTHER: _____ COLOR: _____

GARAGE DOOR: _____ COLOR: _____

(Front Loading Not Permitted)

FIREPLACE? YES NO QUANTITY _____ CHIMNEY: _____
(Material Type)

UNVENTED GAS FIRE PLACES AND EXPOSED METAL STACKS ARE NOT PERMITTED.

OPEN DECK? YES NO QUANTITY: _____ TOTAL SQ. FT.: _____

PATIO? YES NO QUANTITY: _____ TOTAL SQ. FT.: _____
COVERED YES NO QUANTITY: _____ TOTAL SQ. FT.: _____ PORCH?

CONFIRM THAT YOU ARE ALSO SUBMITTING THE FOLLOWING:

Initials: _____ **DESCRIPTION OF HOME AND AMENITIES:**
A complete set of plans and elevations, wall sections and details along with a full set of specifications. Each drawing lists the lot number.

Initials: _____ **SITE PLAN:**
A Site Plan prepared by a licensed land surveyor is provided for the full site. The features of the survey include the following:
a) All boundary lines and setbacks, easements and rights of way.
b) Existing contours and finish contours noted at 2 - foot intervals along the full width of the site beginning at the street curb and extending a least 40 feet beyond the last disturbed area on the site.
c) All planned construction, including the main home and amenities including driveways, retaining walls, decks and patios and denoting the planned elevation of the main floor above mean sea level.
d) The front and closest side footprint of homes to the left and right of this home (only if on adjacent lots).

Initials: _____ **EXISTING TREE SURVEY:**
a) A plan which shows the location and identification of all hardwood trees to be saved and removed with a caliper of $\geq 6"$ at the base 15 feet outside the boundary of the home.
b) Tree protection measures.

**REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO PAGE 4 of 4**

Initials: _____ **EROSION CONTROL AND SITE MANAGEMENT:**
a) A Drainage and Erosion Control Plan and including stone driveway. b) Show portable toilet, dumpster, and spoil locations.

Initials: _____ **PRODUCT LITERATURE:**
Materials brochures photocopied and sent digitally, for each material and color.

Initials: _____ **PHOTOS:**
a) Digital photos of the site, labeled as to view location and orientation.
b) Detailed photos of the full length of the street and curb especially showing any pre-construction damage.

Initials: _____ **LANDSCAPE PLAN:**
A copy of the Landscape Plan submitted with a legend identifying all landscape elements, pools, patios and fences. Submittal of the landscape plan may be delayed to the time of the dry-in inspection (Article 3.11). Submittal of this plan after the dry-in inspection may result in an additional review fee.

Initials: _____ **CONTRACT:** As specified in Article 8.1(c)

Initials: _____ **Builder/Contractor's Liability Insurance** endorsements required under Article 8.5.

Initials: _____ **VISUALLY PERMEABLE FENCES:**
Fences proposed herein comply with being visually permeable where required by these guidelines.

THE EDITION DATE OF THE GUIDELINES USED FOR THIS SUBMITTAL IS NOTED BELOW. THE UNDERSIGNED CERTIFIES THAT IT WILL OBTAIN, PRIOR TO THE START OF CONSTRUCTION ACTIVITIES, SITE CLEARING, BUILDING AND ZONING PERMITS ISSUED BY THE AUTHORITY HAVING JURISDICTION.

I acknowledge that I have completed and included everything on this checklist prior to submitting for architectural review. I understand that this information has been requested by the REFLECTION POINTE Homeowners Association prior to my obtaining bank loans or building permits, and the full cost of any delay resulting from the association not approving the plans, if reviewed and approved within 30 days, or if not approved, with re-submittals for non approvals within an additional 30 days from my re-submittal, are at my sole expense.

Lot Owner Signature

Date

UPLOAD THIS FORM TO THE SITE NOTED IN THE INSTRUCTIONS SENT FOLLOWING PAYMENT OF YOUR FEES

ALL INFORMATION, INCLUDING THIS FORM SHOULD BE SUBMITTED DIGITALLY AS A PDF, TIFF OR JPEG.

REFLECTION POINTE ARCHITECTURAL REVIEW

SUBMITTAL FORM THREE

(one page, use three times during course of construction)

REQUEST FOR ON-SITE REVIEWS

UPLOAD THIS FORM IN SAME MANNER AS SUBMITTAL TWO

1. PRE-CONSTRUCTION ON-SITE REVIEW:

A PRE-CONSTRUCTION REVIEW MUST BE SCHEDULED TEN BUSINESS DAYS IN ADVANCE AND APPROVAL TO PROCEED MUST BE ISSUED PRIOR TO BEGINNING ANY CONSTRUCTION (SEE ARTICLE 3.11)

MARK THE LOCATION OF THE SILT FENCING WITH STRING OR TAPE LINE AND STAKE THE OUTLINE OF THE HOME WITH STRING LINES ALONG MAJOR WALLS. STAKE-OFF THE DRIVEWAY. INSTALL OR STAKE-OFF THE STONE DRIVE. INSTALL THE SAMPLE BOARD. MARK TREES TO BE SAVED AND REMOVED.

NOTE: THE SILT FENCE, THE CONSTRUCTION FENCING, THE TREE PROTECTION, AND THE STONE CONSTRUCTION DRIVE MUST BE IN PLACE **PRIOR** TO BEGINNING ANY CONSTRUCTION ACTIVITIES. SUBMITTAL FIVE REFERS.

Signature of Person Requesting Review:

Date

2. REVIEW AT DRY-IN:

AT THE POINT THAT THE HOME HAS ROOFING AND THE WINDOWS AND DOORS ARE INSTALLED, THE OWNER OR THE BUILDER SHOULD NOTIFY THE REVIEW BOARD TO CONDUCT A REVIEW. THE REVIEW WILL BE SCHEDULED AS SOON AS PRACTICAL BY THE REVIEWERS. CONSTRUCTION SHOULD CONTINUE WITHOUT REGARD TO THE TIMING OF THE ON-SITE REVIEW.

Signature of Person Requesting Review:

Date

3. CONSTRUCTION REVIEW:

UPON COMPLETION OF THE HOME AND ALL LANDSCAPING AND FEATURES, THE OWNER OR THE BUILDER SHOULD CALL FOR A CONSTRUCTION REVIEW. THIS REVIEW WILL BE PERFORMED TYPICALLY WITHIN TWO WEEKS OF THE REQUEST. THE REVIEW WILL BE MADE WITH RESPECT TO SITE CLEAN-UP AND WILL RESULT IN APPROVAL OF ANY BOND MONIES THAT ARE TO BE REFUNDED TO THE OWNER OR THE BUILDER.

Signature of Person Requesting Review:

Date

UPLOAD THIS FORM TO THE SAME SITE AS YOUR APPLICATION EACH TIME YOU WISH TO SCHEDULE AN ON SITE EVALUATION.

FOLLOW THE INSTRUCTIONS SENT FOLLOWING PAYMENT OF YOUR FEES (SUBMIT THIS FORM DIGITALLY)

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM FOUR A

REFLECTION POINTE FEATURED BUILDER APPLICATION

THIS FORM IS REQUIRED IN ORDER TO APPLY TO BECOME/REMAIN A FEATURED BUILDER.

(See articles 8.1e and 8.1f)

SUBMIT THIS COMPLETED FORM TO:

Reflection Pointe HOA Board of Directors
c/o Association Manager listed on Submittal One

I. Initials _____ COMPANY NAME: _____
QUALIFIER NAME: _____
LICENSE NUMBER: _____
LICENSE TYPE: _____
LICENSE LIMIT: _____

II. Initials _____ COMPANY BROCHURE IS ATTACHED

III. Initials _____ CONTACT NAME AND PHYSICAL ADDRESS OF THE MOST RECENT THREE PROJECTS IN THIS AREA OF SIMILAR SCOPE AND VALUE TO THE HOME PROPOSED.

HOME NUMBER ONE: IF ALREADY A FEATURED BUILDER, LIST HOMES BUILT IN REFLECTION POINTE FIRST

1. Contact: _____
2. Telephone: _____
3. Physical Address: _____

4. Total Heated Space: _____
5. Year Completed: _____
6. Number of months under construction: _____
7. Total value of the home: _____

HOME NUMBER TWO:

8. Contact: _____
9. Telephone: _____
10. Physical Address: _____

11. Total Heated Space: _____
12. Year Completed: _____
13. Number of months under construction: _____
14. Total value of the home: _____

HOME NUMBER THREE:

15. Contact: _____
16. Telephone: _____
17. Physical Address: _____

18. Total Heated Space: _____
19. Year Completed: _____
20. Number of months under construction: _____
21. Total value of the home: _____

I HAVE READ AND AM FAMILIAR WITH THE REFLECTION POINTE COVENANTS AND ARCHITECTURAL GUIDELINE EDITION DATED _____.

SIGNATURE OF CONTRACTOR MAKING SUBMITTAL:

DATE: _____

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REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM FOUR B - OPTIONAL

REFLECTION POINTE DESIGNER QUALIFICATIONS

THIS FORM IS RECOMMENDED TO OWNERS IN ORDER TO VERIFY CREDENTIALS OF THE ARCHITECTURAL AND LANDSCAPE DESIGNERS THEY ARE CONSIDERING TO PREPARE PLANS FOR THEIR HOME. DESIGNERS WHO DO NOT HAVE THE REQUISITE SKILL TO PROVIDE DRAWINGS MEETING THE THEMATIC AND TECHNICAL REQUIREMENTS STATED IN THESE GUIDELINES MAY CAUSE SIGNIFICANT DELAY IN THE APPROVAL OF YOUR HOME.

DESIGNERS WISHING TO BE LISTED AS A FEATURED DESIGNER IN REFLECTION POINT SHOULD COMPLETE THE FOLLOWING APPLICATION AND SUBMIT THIS COMPLETED FORM TO:

Reflection Pointe HOA Board of Directors
c/o Association Manager listed on Submittal One

COMPANY NAME: _____ TEL: _____
PROJECT DESIGNER: _____ TEL: _____
NC or GASTON COUNTY LICENSE NUMBER: _____ LICENSE TYPE: _____
E-MAIL ADDRESS: _____ ATTACHED RESUME YES NO (circle one)

CONTACT INFORMATION FOR TWO OF YOUR SINGLE FAMILY RESIDENTIAL HOMES. SUBMIT DESIGN AND CONSTRUCTION DOCUMENTS IN PDF FORMAT THAT DEMONSTRATE YOUR EXPERTISE IN EUROPEAN ECLECTIC THEMED HOME DESIGN.

HOME NUMBER ONE: EUROPEAN ECLECTIC

1. Client Name: _____
2. Telephone: _____
3. Physical Address of home: _____
4. Total Heated Space: _____ Year Completed: _____
5. Attached are digital photos of completed home: YES ___ NO ___
6. Attached are PDFs of full document set: YES ___ NO ___
7. I/We provided on site construction services: YES ___ NO ___

HOME NUMBER TWO: EUROPEAN ECLECTIC

8. Client Name: _____
9. Telephone: _____
10. Physical Address of home: _____
11. Total Heated Space: _____ Year Completed: _____
12. Attached are digital photos of completed home: YES ___ NO ___
13. Attached are PDFs of full document set: YES ___ NO ___
14. I/We provided on site construction services: YES ___ NO ___

I agree that the information submitted in response to my desire to be listed as a Featured Designer in Reflection Pointe may be posted on the ARC Consultant Website as well as the Reflection Pointe Community Website and in any publication promoting the Reflection Pointe community. I also agree that submitting this material does not guarantee that I will be listed as a Featured Builder on any website or publication.

I HAVE READ AND AM FAMILIAR WITH THE REFLECTION POINTE COVENANTS AND ARCHITECTURAL GUIDELINE EDITION DATED _____.

SIGNATURE OF DESIGNER MAKING SUBMITTAL: _____

DATE: _____

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REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM FIVE

LOT INSPECTION AT SITE STAKING (Note: All parties required to be on site at inspection)

1. Lot Number: _____ Inspection Date: _____ Time: _____
2. Street Address: _____
3. Homeowner: _____
4. Builder: _____

Road and Curbing: Any pre-construction damage? _____

Water Meter: Condition of cover and piping: _____

Type of protection: _____

Sewer System: Condition of cover and piping: _____

Type of protection: _____

Silt Fence Location: Road Side _____

Interior property lines _____

Condition of Stone for driveway and location of dumpster/port-a-potty, site trash: _____

Sample Board: All materials on board? If No, explain: _____

Building materials stored: If planned for neighboring property is permission authorized? If No, explain: _____

Site Boundaries Marked? _____

House staked as noted on plan? _____

Special Conditions: _____

NOTES: Builder / Homeowner are responsible for maintaining site: Builder/**Homeowner** shall keep roadway clean of all debris. Roadways are to be swept clean by 5:00 PM each Friday. If not maintained **RPACC** will have roadways cleaned and bill will be sent to the **homeowner**.

Building materials delivered to the site: If building materials delivered to the site spill onto roadway it is the responsibility of delivery company/ Builder/**Homeowner** to clear materials from roadway. If not cleared from roadway after notification by community management, **RPACC** will have roadway clean and bill the **homeowner**.

Requirements for neighboring sites: **Homeowner**/Builder must have written approval to place the following on adjoining properties: Dumpster, building materials, construction equipment, vehicle parking and landscaping materials. Damage to neighboring property will be responsibility of **homeowner** under construction to make necessary repairs to bring impacted property back to pre-construction condition.

Signatures: (note: representative required on site at time of review)

Homeowner: _____ Date: _____

Builder: _____ Date: _____

RPACC: _____ Date: _____

Photos on file? YES NO

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REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM SIX
LOT INSPECTION AT DRY-IN

1. Lot Number: _____ Inspection Date: _____
2. Street Address: _____
3. Homeowner: _____
4. Builder: _____

Curbing: Any damage due to new construction: _____

Water Meter: Condition of cover and piping: _____

Type of protection: _____

Sewer System: Condition of cover and piping: _____

Type of protection: _____

Silt Fence Condition: Road Side _____

Interior property lines _____

Condition of Stone for driveway and location of dumpster/port-a-potty, site trash: _____

Sample Board: Materials on home same as board? If No, explain: _____

General Condition of Roadway: Needs cleaning and/or other: _____

Building materials stored: If on neighboring property is permission authorized? If No, explain: _____

Exterior Home Massing and Details as approved: If no, explain: _____

Landscape Elements as approved: If no, or plan not yet submitted, explain: _____

Signatures: (note: representative required on site at time of review)

Homeowner: _____ Date: _____

Builder: _____ Date: _____

RPACC: _____ Date: _____

Photos on file? YES NO

REFLECTION POINTE ARCHITECTURAL REVIEW

SUBMITTAL FORM SEVEN

LOT INSPECTION AT CONSTRUCTION REVIEW

1. Lot Number: _____ Inspection Date: _____
2. Street Address: _____
3. Homeowner: _____
4. Builder: _____

Curbing: Any damage due to new construction: _____

Water Meter: Condition of cover and piping: _____

Type of protection: _____

Sewer System: Condition of cover and piping: _____

Silt Fence Condition: Removed? If no explain: _____

Condition of Stone for driveway and location of dumpster/port-a-potty, site trash: _____

Sample Board: Materials on home same as board? If No, explain: _____

General Condition of Roadway: Needs cleaning and/or other: _____

Building materials stored off site: If on neighboring property has damage been fully repaired per the Guidelines? _____

Exterior Home Massing and Details as approved: If no, explain: _____

Landscape Elements as approved: If no, explain: _____

Condition of neighboring properties impacted during the course of this work: _____

Signatures: (note: representative required on site at time of review)

Homeowner: _____ Date: _____

Builder: _____ Date: _____

Is Security Deposit Authorized for release? Explain YES or NO: _____

RPACC: _____ Date: _____

Photos on file? YES NO

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