

SKYECROFT ARCHITECTURAL REVIEW
MINOR PROJECT APPLICATION
(ONE PAGE)

Submit this form for Minor Projects (only)

SUBMIT THIS FORM ONLY, TO:
SKYECROFT HOMEOWNERS ASSOCIATION, INC.
c/o Kara Discotell, Association Manager
may be sent by e-mail: kdisotell@hendersonproperties.com
Henderson Properties 305 Post Office Dr., #3, Indian Trail, NC 28079 704-535-1122

REGISTRANTS WILL BE NOTIFIED BY E-MAIL HOW TO MAKE SUBMITTALS.
All submittals will be digital and must be uploaded to the ARC review site

COMPLETE THE FOLLOWING:

Lot Number: _____ - M (Project will be registered by lot number with “- M” suffix)
Lot Street Address _____

Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant Telephone: (____) _____
Lot Owner (if different): _____
Lot Owner e-mail address: _____

- Application is for Part A Minor Project. Check for \$75.00 is enclosed.
- Application is for Part B Minor Project. No fee is charged for this review.
- For Part C Minor Project. Neither this application nor a fee is required.

**OWNER ACKNOWLEDGE THAT HE/SHE HAS READ AND AGREE TO CONFORM TO THE
SKYECROFT ARCHITECTURAL GUIDELINES IN THE EDITION DATE NOTED BELOW.**

Lot Owner Signature _____ Date: _____

Once you are logged onto the review site, upload a description of your proposed work or a graphic to the review site. The review period may take up to ten (10) business days. The registrant will be notified by email from the review site of the ARC determination.

SKYECROFT ARCHITECTURAL REVIEW
SUBMITTAL FORM ONE – MAJOR PROJECTS SCHEMATIC REVIEW
(ONE PAGE)

Submit this form to initiate your Schematic Review

SUBMIT THIS FORM ONLY, TO:
SKYECROFT HOMEOWNERS ASSOCIATION, INC.
c/o Kara Discotell, Association Manager
may be sent by e-mail: kdisotell@hendersonproperties.com
Henderson Properties 305 Post Office Dr., #3, Indian Trail, NC 28079 704-535-1122
(YOU WILL BE NOTIFIED BY E-MAIL HOW TO MAKE FUTURE SUBMITTALS)

COMPLETE THE FOLLOWING:

Lot Number: _____ -S (Note to Association Manager, add “-S” to the lot number for the Schematic registration)
Lot Street Address _____

Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant Telephone: (____) _____ Fax: (____) _____ (w/area code)

Lot Owner: _____
Lot Owner e-mail address: _____
Owner Mailing Address _____
City: _____ State: _____ Zip: _____

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 Schematic Review fee \$200.00 (only applies where current lot owner will not be the final occupant)

**OWNER AND BUILDER ACKNOWLEDGE THAT THEY HAVE READ AND AGREE TO CONFORM TO
THE SKYECROFT ARCHITECTURAL GUIDELINES IN THE EDITION DATED DECEMBER 2014:**

Lot Owner _____ Date: _____

Builder _____ Date: _____

Association Manager confirms receipt of fees: _____ Date: _____

Print Name: _____

Fees Paid by: _____ Total Amount Paid: _____

NOTE:

1) WHERE APPLICABLE, FEES ARE TO BE SUBMITTED WITH THIS FORM. CHECKS SHOULD BE MADE TO: “SKYECROFT HOA”

SKYECROFT ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO – MAJOR PROJECTS DESIGN DEVELOPMENT REVIEW
(ONE PAGE)

Submit this form and fees to initiate your Design Development Review

SUBMIT THIS FORM AND YOUR APPLICATION FEES ONLY, TO:
SKYECROFT HOMEOWNERS ASSOCIATION, INC.
c/o Kara Discotell, Henderson Properties
305 Post Office Dr., #3. Indian Trail, NC 28079 704-535-1122
(Submittal of required materials shall be in the same manner as the Schematic Review)

COMPLETE THE FOLLOWING:

Lot Number: _____ (Note to Association Manager, no suffix is needed on the lot number for this registration)
Lot Street Address _____

Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant Telephone: (____) _____ Fax: (____) _____ (w/area code)

Lot Owner: _____
Lot Owner e-mail address: _____
Owner Mailing Address _____
City: _____ State: _____ Zip: _____

ALSO, CONFIRM THE FOLLOWING WHERE APPLICABLE:

I. * Initials _____	Homeowner's fees paid to HOA for current year.	Enter Amount: _____
II. * Initials _____	Main dwelling Architectural Review. See Article 3.3 for amount.	Enter Amount: _____
III.* Initials _____	Compliance Security Deposit. See Article 3.5 for amount	Enter Amount: _____**
IV. Initials _____	Other Review fee. See Article 3.3 for amount	Enter Amount: _____
		Total Enclosed: _____

* Require to be paid with the initial Submittal for any new dwelling.
** 20% of which will be retained by the HOA to cover non-specific wear and tear of infrastructure in the community.
Deposit must be paid by the Contractor from their business account.

Association Manager confirms receipt of fees: By: _____ Date: _____

Fees Paid by: _____ Total Amount Paid: _____

NOTE:
1) ALL FEES ARE REQUIRED TO BE SUBMITTED WITH THIS FORM.
CHECKS SHOULD BE MADE TO: "SKYECROFT HOA"

SKYECROFT ARCHITECTURAL REVIEW MAJOR PROJECTS SUBMITTAL FORM THREE

**This form is required to be submitted with drawings at both the
Design Development and Construction Document Reviews
(TWO PAGES FOR DESIGN DEVELOPMENT - THIRD PAGE ADDED FOR CONSTRUCTION DOCUMENTS)**

This submittal is for Design Development Review Construction Document Review

I am acknowledging inclusion of page 9 from the Architectural Guidelines with this form for my
Design Development Submittal.

Or

I am acknowledging inclusion of page 10 from the Architectural Guidelines with this form and
the third page of this form for my Construction Document Submittal.

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

DATE OF THIS SUBMITTAL: _____ LOT #: _____

PROPERTY ADDRESS: _____

GENERAL CONTRACTOR IF KNOWN: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

ARCHITECT/DESIGNER: _____

NORTH CAROLINA LICENSE NUMBER: INDIVIDUAL _____ COMPANY _____

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 _____

HEATED SQ. FT: 1ST FLOOR _____

2ND FLOOR _____

BASEMENT _____

OTHER _____

SUBTOTAL _____ (Heated)

UNHEATED SQ. FT.: SUBTOTAL _____ (Under Roof)

TOTAL SQ. FT. (ADD SUBTOTALS): _____ (Under Roof)

TOTAL HEATED SF WAS MEASURED BY NC Real Estate Guides IBC STANDARDS, (see Article 5.2)

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

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

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

Skyecroft Homeowners Association Architectural Guidelines – May 2017 Edition

**GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES ON
SUBMITTAL FORM ONE OR MINOR PROJECT APPLICATION FORM**

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

BRICK: _____ COLOR: _____ STYLE _____
STONE: _____ COLOR: _____ STYLE _____
STUCCO: _____ COLOR: _____ STYLE _____
SIDING: _____ COLOR: _____ STYLE _____
OTHER: _____ COLOR: _____ STYLE _____
ROOF: _____ COLOR: _____ STYLE _____
WINDOWS: _____ COLOR: _____ STYLE _____
TRIM: _____ COLOR: _____ STYLE _____
DOORS: _____ COLOR: _____ STYLE _____
SHUTTERS: _____ COLOR: _____ STYLE _____
DRIVEWAY: _____ COLOR: _____ STYLE _____
DRIVEWAY APRON: _____ COLOR: _____ STYLE _____
WALKS: _____ COLOR: _____ STYLE _____
OTHER: _____ COLOR: _____ STYLE _____
GARAGE DOOR: _____ COLOR: _____ STYLE _____

(Front Loading Not Permitted)

FIREPLACE: _____ CHIMNEY: _____

UNVENTED GAS FIREPLACES AND EXPOSED METAL STACKS
OR EXPOSED SPARK ARRESTORS ARE NOT PERMITTED.

EXTERIOR MATERIALS: (Specify website for Manufacturer, Color and Style or Pattern for all that apply. Also upload to the review site at the Construction Document review a digital photograph of proposed material taken in normal daylight or a picture from the manufacturer's website for each material above)

THE UNDERSIGNED CERTIFIES THAT HE/SHE WILL OBTAIN, PRIOR TO THE START OF CONSTRUCTION ACTIVITIES, 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 SKYECROFT Homeowners Association prior to my obtaining bank loans or building permits.

Lot Owner Signature

Date

Skyecroft Homeowners Association Architectural Guidelines – May 2017 Edition

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SKYECROFT ARCHITECTURAL REVIEW

SUBMITTAL FORM THREE (Continued)

Complete this page and upload for the Construction Document Review

INTERIOR MATERIALS:

Flooring in foyer and halls: _____ COLOR: _____ STYLE _____

Flooring in family room: _____ COLOR: _____ STYLE _____

Flooring in Bedrooms: _____ COLOR: _____ STYLE _____

Flooring in Kitchen: _____ COLOR: _____ STYLE _____

Flooring in Utility areas _____ COLOR: _____ STYLE _____

Rooms with cornice trim: _____

Door Hardware: _____ FINISH: _____ STYLE _____

Interior Door: _____ FINISH: _____ STYLE _____

Door and window casing: Width: _____ FINISH: _____ STYLE _____

Kitchen Cabinets _____ FINISH: _____ STYLE _____

Kitchen Counter tops: _____ FINISH: _____

Bathroom Cabinets _____ FINISH: _____ STYLE _____

Bathroom Counter tops: _____ FINISH: _____

Custom Cabinetry: _____ FINISH: _____ STYLE _____

Rooms with exposed beams or special ceilings: _____

Kitchen Appliances: _____ COLOR: _____ STYLE _____

Refrigerator: _____

Oven: _____

Is range hood vented to the outside? _____

Fireplace: _____ FINISH on mantel _____

Manufacturer of faucets and plumbing hardware: _____

Confirm if the home has the following:

Special AV or sound system: _____ Energy Management System: _____ SEER rating on HVAC: _____

Was the home designed to meet any Green Energy Standards? _____

FOR EACH ITEM NAME THE MANUFACTURER, WITH COLOR/FINISH AND STYLE IF KNOWN

Skyecroft Homeowners Association Architectural Guidelines – May 2017 Edition

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SUBMITTAL FORM ONE OR MINOR PROJECT APPLICATION FORM

SKYECROFT ARCHITECTURAL REVIEW
SUBMITTAL FORM FOUR
(TWO PAGES)

REQUEST FOR ON-SITE REVIEWS
(you will use this form three times during the course of construction)

1. PRE-CONSTRUCTION ON-SITE REVIEW:

A PRE-CONSTRUCTION REVIEW MUST BE SCHEDULED TEN (10) BUSINESS DAYS IN ADVANCE AND APPROVAL TO PROCEED MUST BE ISSUED PRIOR TO BEGINNING ANY CONSTRUCTION (SEE “SKYECROFT ARCHITECTURAL GUIDELINES”).

STAKING OF THE OUTLINE OF THE HOME WITH STRING LINES ALONG MAJOR WALLS; SAMPLE BOARD OR MATERIALS ON SITE AS DESCRIBED IN ARTICLE 3.10.1; A RIBBON INDICATING THE PROPOSED LOCATION OF THE SILT FENCE; CONSTRUCTION FENCING; TREE PROTECTION AND STONE CONSTRUCTION DRIVE MUST BE IN PLACE **PRIOR** TO BEGINNING ANY CONSTRUCTION ACTIVITIES OR REQUESTING THIS REVIEW. THE MOST IMMEDIATE CATCH BASIN DOWN STREAM OF ANY HOME WHERE BARE EARTH IS EXPOSED DUE TO WORK, EITHER NEW CONSTRUCTION OR MAJOR LANDSCAPE MODIFICATIONS SHALL HAVE FILTER FABRIC PLACED IN THE CATCH BASIN BY THE SKYECROFT HOA PRIOR TO EXPOSING THE EARTH, EXCEPT WITH APPROVAL OF THE ARC. THIS IS IN ADDITION TO THE REQUIREMENT FOR SILT FENCES.

When submitting this form requesting the on-site review, the contractor must upload to the review site all items required under Article 7.1G (notably, insurance endorsements, a copy of the contract for construction and the attachment to Form Four)

Signature of Person Requesting Review who read notices above. Date

NOTE THAT FOR THE SITE STAKING REVIEW REQUEST, THE NEXT PAGE IN THESE GUIDELINES NEEDS TO BE COMPLETED AND SUBMITTED ALONG WITH THE ATTACHMENTS NOTED.

2. REVIEW AT DRY-IN:

AT THE POINT THAT THE HOME HAS ROOFING, WINDOWS AND EXTERIOR DOORS INSTALLED AND HOUSE WRAP IN PLACE, THE OWNER OR BUILDER SHALL REQUEST THE REVIEW COMMITTEE TO CONDUCT THE DRY-IN 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.

When submitting this form requesting the dry-in review, the contractor must upload to the review site the landscape plan.

Signature of Person Requesting Review who read notices above. Date

3. FINAL REVIEW:

UPON COMPLETION OF THE HOME AND ALL LANDSCAPING AND FEATURES, THE OWNER OR BUILDER SHALL REQUEST A FINAL 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 DEPOSIT MONIES THAT ARE TO BE REFUNDED.

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.
(SUBMIT THIS FORM DIGITALLY)

**ATTACHMENT TO SUBMITTAL FORM FOUR
CONTRACTOR INFORMATION**

THIS FORM IS REQUIRED TO ACCOMPANY THE SITE STAKING REVIEW REQUEST

GENERAL CONTRACTOR (LEGAL NAME): _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE: _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
NAME OF ON SITE SUPERVISOR: _____ PHONE: _____

HVAC CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE: _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
NAME OF ON SITE SUPERVISOR: _____ PHONE: _____

ELECTRICAL CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE: _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
NAME OF ON SITE SUPERVISOR: _____ PHONE: _____

PLUMBING CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE: _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
NAME OF ON SITE SUPERVISOR: _____ PHONE: _____

LANDSCAPE CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE: _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
NAME OF ON SITE SUPERVISOR: _____ PHONE: _____

**NOTE: ALL WORK OF THE PROJECT IS TO BE PERFORMED BY OR UNDER CONTRACT
WITH THE PARTICIPATING BUILDER, INCLUDING PRIME SUBCONTRACTORS NOTED
ABOVE. (SEE ARTICLE 7.1)**

SKYECROFT ARCHITECTURAL REVIEW
SUBMITTAL FORM FIVE
(ONE PAGE)
REVIEW AT SITE STAKING

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

Site and Home Staked? _____

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 board or otherwise on site? If No, a separate review will be required at an additional expense: _____

General Condition of Roadway and Curbs:

Electrical and Water Service to the site:

Existing Tree Protection : _____

Building Permit Posted: (Name Contractor)

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 **SARC** 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, **SARC** 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:** _____

SARC: _____ **Date:** _____

Photos on file? YES NO

SKYECROFT ARCHITECTURAL REVIEW
SUBMITTAL FORM SIX
(ONE PAGE)
REVIEW AT DRY-IN

1. **Lot Number:** _____ **Inspection Date:** _____ **Time:** _____
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:** _____

SARC: _____ **Date:** _____

Photos on file? YES NO

SKYECROFT ARCHITECTURAL REVIEW

Skycroft Homeowners Association Architectural Guidelines – May 2017 Edition

**GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES ON
SUBMITTAL FORM ONE OR MINOR PROJECT APPLICATION FORM**

SUBMITTAL FORM SEVEN

(ONE PAGE)

FINAL REVIEW

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

Curbing and Road: Note all damage, compare to original: _____

Water Meter: Condition of cover and piping: _____

Type of protection: _____

Sewer System: Condition of cover and piping: _____

Type of protection: _____

Silt Off Site?: _____

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

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

Building materials stored: If on neighboring property was property restored?

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

Landscape Elements as approved: If no, explain:

Repair of neighboring property where used during the construction process? _____

Mailbox installed? _____

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

Homeowner: _____ Date: _____

Builder: _____ Date: _____

Are there any outstanding claims with the contractor's insurance company with respect to community property pending resolution? If yes, explain: _____

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

SARC: _____ Date: _____

Photos on file? YES NO

Skyecroft Homeowners Association Architectural Guidelines – May 2017 Edition

GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES ON SUBMITTAL FORM ONE OR MINOR PROJECT APPLICATION FORM

**SKYECROFT ARCHITECTURAL REVIEW
PARTICIPATING CONTRACTOR APPLICATION - FORM EIGHT
(ONE PAGE)
FOR NEW APPLICANTS ONLY**

COMPANY NAME: _____ License #: _____
QUALIFIER NAME: _____ License #: _____
COMPANY LICENSE TYPE: _____ COMPANY LICENSE LIMIT: Unlimited (only option)

CONFIRM (initial after each):

- INSURANCE ENDORSEMENTS ARE INCLUDED HEREIN, PER ARTICLE 7 _____
- FINANCIALS ARE PROVIDED HEREIN, PER ARTICLE 7 _____
- BUILDER AGREES TO WORK COOPERATIVELY WITH THE SARC IN MEETING GUIDELINE REQUIREMENTS AND RESOLVING ANY VIOLATIONS THAT MAY OCCUR. _____
- BUILDER HAS OPTIONS TO PURCHASE A MINIMUM OF TWO LOTS IN THE COMMUNITY. APPROVAL OF THE APPLICANT WILL FOLLOW LOT PURCHASE AFTER OTHER QUALIFICATIONS HAVE BEEN MET. DO NOT PURCHASE LOTS UNTIL YOU ARE IN RECEIPT OF SARC PRELIMINARY APPROVAL.

PROVIDE DETAILED INFORMATION WITH RESPECT TO HOMES THAT YOU HAVE COMPLETED UNDER YOUR CURRENT CORPORATE STRUCTURE THAT ARE SIMILAR IN SIZE AND SCOPE TO HOMES IN THE SKYECROFT COMMUNITY. (PROVIDE SEPARATE EXPLANATION IF STRUCTURE CHANGED)

HOME NUMBER ONE:

1. Contact: _____
2. Telephone: _____
3. Physical Address: _____
4. Total Heated Space: _____
5. Year Completed: _____
6. Number of months under construction: _____
7. Total delivered price 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 delivered price of the home: _____

HOME NUMBER THREE:

15. Contact: _____
16. Telephone: _____
17. Physical Address: _____
19. Year Completed: _____
20. Number of months under construction: _____
21. Total delivered price of the home: _____

ATTESTED TO: _____ Title: _____

Signature: _____ Date: _____

UPLOAD THIS FORM IN DIGITAL FOR