

THE SANCTUARY OPTIONAL SCHEMATIC REVIEW REQUEST

THIS FORM MUST BE COMPLETED PRIOR TO SENDING DRAWINGS TO THE
THE SANCTUARY 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:

THE SANCTUARY AT LAKE WYLIE HOMEOWNERS ASSOCIATION
C/O CAMS - Association Manager (AM)
Attn: Kelly Tulacz, 10450 Wildlife Road, Charlotte, NC 28278 704.504-8158
ktulacz@camsmtg.com

Reference: Article 4A of The Sanctuary 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 quarter (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 The Sanctuary. See Article 4B.

***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 SACC. Reviews will commence upon receipt of the digital submittal and typically are completed within two weeks. All SACC 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 SACC are based on a good faith effort and that there is no guarantee or warranty that the SACC 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: _____

THE SANCTUARY ARCHITECTURAL REVIEW SUBMITTAL FORM ONE (three pages)

SUBMIT THIS FORM,
AND YOUR APPLICATION FEES ONLY, TO:
THE SANCTUARY AT LAKE WYLIE HOME OWNERS ASSOCIATION
C/O CAMS - Association Manager (AM)
Attn: Kelly Tulacz, 10450 Wildlife Road, Charlotte, NC 28278 704.504-8158
ktulacz@camsmtg.com

(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 quarter (include if not previously paid).
- II. * Initials _____ Architectural Review fee \$1,250.00
- III.* Initials _____ Compliance Security Deposit for dwelling construction: \$5,000.00
- IV.* Initials _____ Construction Escrow Information Form (see Construction Escrow Form attachment)
- V.* Initials _____ Acknowledgement of Road Impact Fee \$1,500 (Non-Refundable taken from \$5,000 Escrow)
- VI. Initials _____ Additional Plan Review \$180.00 fee is attached.
- VII. Initials _____ Additional On-Site Review \$180.00 fee is attached.
- VIII. Initials _____ Insurance Forms Attached (see "Insurance Requirements" attachment)
- IX. Initials _____ Resale Certificate or Waiver of Right of First Refusal
- X. Initials _____ Guild Builder or Non-Community Builder Agreement
- XI. Initials _____ Signed Marketing Fee Acknowledgement Form (from Declarant; please contact Teri Edwards: 980-321-5180; teriaedwards2018@gmail.com)

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

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

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GUIDELINES ON SUBMITTAL FORM ONE

THE SANCTUARY ARCHITECTURAL REVIEW SUBMITTAL FORM ONE

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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. 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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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 SHOA Only			
TOTAL Review Fee(s). \$ _____	Check #: _____	Date: _____	Paid By: _____
\$ _____ / _____ Compliance Security Deposits	Check #s: _____ _____	Dates: _____ _____	Paid By: _____ _____
SHOA Fees Current?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance forms attached	<input type="checkbox"/> YES <input type="checkbox"/> NO
Submittal Received By: _____			Date: _____
Gate Code Issued: _____			Date: _____
Application Entered on the ARC Web Site _____			Date: _____

NOTE: ATTACHED TO THIS APPLICATION THE OWNER MUST INCLUDE A COPY OF CONTRACTOR INSURANCE

THE SANCTUARY 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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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 SACC 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.

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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 ≥ 6 " at the base 15 feet outside the boundary of the home.
- b) Tree protection measures.

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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 4C) Submittal of this plan after the dry-in inspection may result in an additional review fee.

Initials: _____ **CONTRACT:** As specified in Article 4B.3

Initials: _____ **Builder/Contractor's Liability Insurance forms**

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 Sanctuary 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.

THE SANCTUARY 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)**

SITE STAKING REVIEW:

The following must be in place for the pre-construction site staking review:

- 1) A portable toilet – face door away from the street
- 2) A 4x4 panel in front of the toilet with samples of all materials and colors seen on the exterior of the home. Colors are not approved until they are placed on the sample board and approved at the site staking review.
- 3) A lot number in 3” high letters at the top of the sample board.
- 4) A silt fence fully around the perimeter of the site. Embed the fence. Leave opening for access at the street.
- 5) A gravel drive using 2”-3” surge stone placed 10 feet wide by 20 feet long, 5” deep minimum.
- 6) A siphon break on the temporary water supply hose bib.
- 7) A minimum 20 CY dumpster is required prior to commencing framing.

An additional field visit will be charged if all of the above are not in place on the day site staking is scheduled.

DRY-IN REVIEW

Call for this review when you have the home framed, house wrap is complete windows are in place and roof installed.

Your landscape plan must be submitted ahead of this review or additional review fee will be charged.

FINAL REVIEW

Call for this review when you are completely finished with the work of the home including landscape. **Additional site review and fee will be required for any call back on a final review due to incomplete condition.** However, most often photos may be provided to the review site following the final review to confirm completion of minor items without an additional site review or additional fee being required.

Site reviews are typically conducted twice per month on the second and fourth Wednesdays. **Notify the Architect via the review site when you would like to have your site review.**

UNIFORM FIELD REPORT

LOT REVIEW: Site Staking Dry In Final **ADDITIONAL REVIEW**

1. Community: _____ 2. Lot Number: _____ 3. Date: _____

Homeowner: _____ 5. Builder _____

Road and Curbing: Pre-construction Damage Damage from Current Construction

Note Damage: _____

Water Meter: Condition of cover and piping: _____

Type of protection: _____ Is Siphon Break in place?: Yes No

Sewer System: Condition of access point: _____ Type of protection: _____

Silt Fence Condition: Road Side _____ Interior Property lines: _____

Site Staking:

Dry In

Final

Y N Stone for Driveway Y N Stone Driveway in good condition Y N Driveway Stone Removed

Y N Dumpster on site Y N Dumpster location & site trash good Y N Dumpster Removed

Y N Port-a-Potty on site Y N Port-a-Potty location good Y N Port-a-Potty Removed

Y N Site Boundaries Marked

Y N House Staked as noted on plan

Y N Sample Board Complete Y N Materials on home same as on board. Y N Materials same as board

If No explain: _____

Y N Building Materials Stored (Neighboring property Approval Letter Provided) _____

Y N Was neighboring Property restored after construction complete? Y N Roadway needs cleaning? _____

Y N Windows & Doors Confirmed Y N Roofing Manufacturer & Style Confirmed _____

Y N Exterior Home Massing and Details as Approved _____

Y N Landscape Elements as Approved. If no, explain _____

Y N Mailbox in Place

Y N Photos on file?

Notes: _____

Community Work Hours: M-F _____ (am) _____ (pm) **Saturday** _____ (am) _____ (pm) **Sunday/Holidays** _____ (am) _____ (pm)
(Check Guidelines for Holiday closure dates)

NOTES:

- 1) **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. HOA May charge for cleaning if required.
- 2) **Requirements for neighboring sites:** **Homeowner**/Builder must have written approval to utilize adjoining lots in any manner. Damage to neighboring property will be the responsibility of **homeowner** under construction to make necessary repairs to bring impacted property back to pre-construction condition.
- 3) This review is based solely on compliance with the Architectural Guidelines and does not constitute approval of non-compliant design or construction, unless specifically identified herein as an approved variance, and does not relieve the Property Owner of the responsibility to fully comply with the Guidelines. Approval does not in any way represent an opinion of the adequacy of the construction, or of the suitability of proposed building materials or methods of construction for any purpose.

- Approved (To Proceed with Construction) Not Approved * Indicates Items to be Resolved
 Incomplete – Add'l On Site Review Required (Additional \$ _____ review fee will be deducted from the Deposit)

Y N Is Security Deposit Authorized for release? If No, explain: _____

Signatures:

Homeowner: _____ Builder _____ Date: _____

ARC/ACC: _____ Date: _____

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