

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

Submit this form and fees to initiate your Schematic Review
Incomplete forms or forms submitted without payment will not be accepted

SUBMIT THIS FORM ONLY, TO:
SKYECROFT HOMEOWNERS ASSOCIATION, INC.
(YOU WILL BE NOTIFIED BY E-MAIL HOW TO MAKE FUTURE SUBMITTALS)

COMPLETE THE FOLLOWING:

Lot Number: _____
Lot Street Address _____

Participating Builder Name (primary contact): _____
Participating Builder e-mail address: _____
Participating Builder Cell Phone: (____)_____

Lot Owner: _____
Lot Owner e-mail address: _____
Lot Owner Cell Phone: _____
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 and 3.51 for amount.	Enter Amount _____
III.* Initials _____	Other Review fee. See Article 3.3 for amount	Enter Amount: _____
		Total Enclosed: _____

* Required to be paid with the initial Submittal for any new dwelling.
** 20% will be retained by the HOA to cover non-specific wear and tear
Checks should be made payable to Skycroft HOA.

**OWNER AND BUILDER ACKNOWLEDGE THAT THEY HAVE READ AND AGREE TO CONFORM TO
THE SKYECROFT ARCHITECTURAL GUIDELINES IN THE EDITION DATE NOTED BELOW :**

Lot Owner _____ Date: _____

Builder _____ Date: _____

Association Manager confirms receipt of fees: _____ Date: _____

Print Name: _____

Fees Paid by: _____ Total Amount Paid: _____