

SKYECROFT ARCHITECTURAL REVIEW
SUBMITTAL FORM THREE
(THREE PAGES)

REQUEST FOR ON-SITE REVIEWS
(you will use this form FOUR times during 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 Prio 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

1.a **AN ADDITIONAL INTERIM INSPECTION** SHALL BE CONDUCTED OF THE HOUSE FOUNDATION WALLS PRIOR TO COMPLETION OF SUCH TO CONFIRM THE PROPOSED FINISH FLOOR ELEVATION RELATIVE TO THE SITE. THE BUILDER / APPLICANT SHALL PROVIDE A SITE ELEVATION BENCHMARK AND A DEMARCATION OF THE PROPOSED AND PREVIOUSLY APPROVED FINISH FLOOR ELEVATION AT THE SITE FOR REVIEW. THE INSPECTION MAY BE CONDUCTED AS EARLY AS IMMEDIATELY AFTER FOOTING INSTALLATION OR PRIOR TO THE LAST COURSE OF BLOCK TO BE INSTALLED. FOLLOWING INSPECTION, RESULTS WILL BE POSTED WITH APPROVAL TO PROCEED OR FURTHER CLARIFICATION NEEDED TO CONFIRM THE PROPOSED GRADING AROUND THE DWELLING IS APPROPRIATE AND WILL DIRECT WATER AROUND THE HOUSE

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 LANSCAPING 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 THREE
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)**