



CARNES CROSSROADS

Architectural Review Board

FINAL INSPECTION FORM

Request Date:

Street Address:	Parcel/Block/Lot:
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Builder:	Email/Phone:
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Homeowner Name (if applicable):

ARB Inspection:

_____ **Built to Plans?** House, garage and driveway built/installed according to approved plans.

_____ **Changes Approved?** Were exterior detail changes approved in writing by the
ARB? Yes _____ No _____

_____ **Utilities** - Flush to the ground?

_____ Sewer cap _____ Irrigation boxes _____ Water meters _____

Temporary power poles removed _____ Conduit _____

_____ **Exterior Elements** - Completed / correct size / right place / painted:

Shutters _____ Chimney Material _____ Chimney Cap _____

HVAC Ht _____ HVAC Painted _____ Screened With Plants _____

Painting _____ Driveway _____ Walkway _____ House #'s _____

Vents Painted _____ Roof Penetrations. Painted _____ Other _____

Fence Required: Rear _____ Front _____ Side _____ Ht. _____

Fences Painted _____ Opt. Fence _____ Approved _____ Ht. _____

_____ **Builder Sign:** Removed

Landscape Inspection:

_____ Installed according to plans?

_____ If Applicable, alley/corner lot fence/hedge installed?

Supporting Documentation:

_____ Copy of Certificate of Occupancy

_____ Copy Final As-Built Survey

_____ "Request for Construction Deposit" form

Inspection Date:	Approved:	Disapproved:
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