



CARNES CROSSROADS

Architectural Review Board

REQUEST FOR CONSTRUCTION DEPOSIT REFUND

Date Prepared: _____ Date Received: _____

Lot Number: _____ Address: _____

Builder: _____ Telephone: _____

Builder Address: _____ Email Address: _____

Homeowner, if any: _____

I/We hereby certify that construction and landscaping on the above described lot has been completed in conformance with plans approved by the ARB and that all work conforms to state, county, and local codes, and meets all requirements of the Carnes Crossroads Residential Planning Guide, the Builder Program, and the Declaration of Covenants, Conditions and Restrictions for Carnes Crossroads. All site work, landscaping, cleaning, removal of temporary utilities, and repair of damage of rights-of-way and common areas has been implemented. This constitutes a request for return of the Construction Deposit to the party posting the Construction Deposit unless otherwise directed.

Signed: _____ Date: _____
Owner/Builder

For ARB Use Only:

Deposit returned Amount: \$ _____

Deposit Withheld Amount: \$ _____

Comments: _____

Signed: _____ Date: _____
Carnes Crossroads Town Association