

**Architectural Committee
Request for Refund Form**

Lot No: _____ Property Owner: _____

Address: _____

*I hereby request the refundable portion of the deposit(s) posted for the _____
_____ plans on my lot, as follows:*

	<u>Amount Deposited</u>	<u>Amount Refundable</u>
<input type="checkbox"/> Construction deposit	\$ _____	\$ _____
<input type="checkbox"/> Grading deposit	\$ _____	\$ _____
<input type="checkbox"/> Equipment deposit	\$ _____	\$ _____
<input type="checkbox"/> Other	\$ _____	\$ _____
Total:	\$ _____	\$ _____

These deposits were posted for _____ plans approved on _____.

I understand that no refund shall be made until all work has been fully performed in accordance with the approved plans as stated above, the CC&R's, the Architectural Committee rules and any conditions imposed by the Architectural Committee in connection with its approval, and in addition: (1) construction is not deemed performed until the property is free of all construction debris; (2) grading is not deemed performed until all grading has been completed in accordance with the County approved plan; and (3) landscaping and erosion control is not deemed performed until all plants specified by the plans are in place and that adequate erosion control measures (plants and irrigation) have been taken on all cut slopes, and until sufficient time has passed to assure that all plantings have taken hold to prevent erosion.

I further understand that my request will be placed on the agenda for the following Architectural Committee meeting, _____; and that this request will be assigned to a Committee member who will perform an on-site inspection and return with a report at the next scheduled meeting on _____. If my request is approved, the deposit will be refunded by mail. If my request is not approved, I will be notified by mail as to the required corrections.

Signature _____ Date: _____

FOR OFFICE USE ONLY

Maintenance Inspection

Inspected by: _____ **Date:** _____

Approved **Comments:** _____

Not approved _____

Architectural Inspection

Inspected by: _____ **Date:** _____

Approved **Comments:** _____

Not approved _____