

FORM ONE

Submit with plans.

MAGNOLIA GREENS MASTER ASSOCIATION, INC.

Review/Construction Application

Date Prepared: _____ Date Received: _____

Lot _____ Section: _____

Owner _____ Telephone: _____

Contractor: (Name, Address, Telephone and License Number) _____

Deposit: { } \$ _____

Agreement:

I hereby agree that I have read the Design Guidelines for Magnolia Greens and will fulfill the construction contract in accordance with the final approved construction documents. I will not make unauthorized changes without the approval of the Architectural Standards Review Committee.

I acknowledge that the only signage that can be posted on the lot is the standard regulatory permitting signs required by governmental authorities. I understand that the signs shall not be attached to any trees and that sub-contractors may not post any signs.

I understand that my deposit may be used to make corrections for unauthorized work, to remove site clutter, or repair streets, trees or road shoulders damaged by my personnel.

Signed: Contractor

Date

Approved: Architectural Standards Review
Committee Representative

Date

Return to: CEPCO
1022 Grandiflora Drive, Suite 100
Leland, NC 28451
Telephone: 910-395-1500
Fax: 910-395-6229

MAGNOLIA GREENS APPROVED BUILDER APPLICATION

Name: _____ Title: _____
Company: _____ Federal ID#: _____
Address: _____ Office Phone: _____
_____ Fax: _____ Cellular: _____
Check One: Corporation Partnership Sole Proprietor Other: _____
How long has your company been in business? _____
Contractors License #: _____ State: _____ County: _____
Superintendent's Name: _____ Phone: _____

PLEASE LIST ALL CORPORATION OFFICERS

	Name	Social Security Number
Chairman:	_____	_____
President:	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
Other:	_____	_____

PLEASE LIST THREE SUPPLIER/SUBCONTRACTOR REFERENCES

Company	Contact	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE LIST CURRENT FINANCIAL REFERENCES
(Bank Accounts and Construction Loans)**

Lender	Contact	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE LIST SUBDIVISIONS WHERE YOU ARE PRESENTLY BUILDING OR HAVE BUILT
(Attach photographs if available)**

Subdivision	Model (Attach brochure)	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many homes has your company built? _____

By signing below the authorized agent authorizes Magnolia Greens Master Association, Inc. to use the above information and investigate the firm or individuals as necessary and prudent.

Signature: _____ Title: _____ Date: _____

FORM TWO

MAGNOLIA GREENS MASTER ASSOCIATION, INC.
Architectural Detail Sheet

Lot# _____ Section # _____ Initial Submittal Date _____
Owner _____ Re-submittal Date _____
Telephone # _____ Building Permit # _____
Deposit received/Date _____ Deposit refund/Date _____

GENERAL INFORMATION:

Total Heated Square Footage: One Story _____ Two Story _____

Minimum Required: One Story _____ Two Story _____

Architect _____ Phone _____

General Contractor _____ Phone _____

IMPERVIOUS SURFACE CALCULATION

First Floor Heated _____ sq. ft.

Porches _____

Garage _____

Driveway _____

Patios _____

Detached Buildings _____

Other _____

Total Impervious Surface _____ sq. ft.

Impervious Surface Restriction _____ sq. ft.

SPECIFICATIONS:	<u>Material</u>	<u>Color</u>	<u>Manufacturer</u>
Roof- Architectural	_____	_____	_____
Brick	_____	_____	_____
Mortar	_____	_____	_____
Siding	_____	_____	_____
Trim	_____	_____	_____
Shutters	_____	_____	_____
Windows (Circle Details that apply)	Soldier Course Pediment	Rowlock Keystone	Jack Arch
Front Door	_____	_____	_____
Garage Door	_____	_____	_____
Chimney	_____	_____	_____
Driveway	_____	_____	Detail: _____
Foundation Circle Detail:	Crawl Space: _____ Rowlock	Raised slab: _____ Soldier Course	Band (Width ____)
Other	_____	_____	_____

DECLARATION: By signing and submitting this application, the owner agrees that he has read the Magnolia Greens Master Association, Inc. Protective Covenants, the Magnolia Greens Design Guidelines and agrees to conform with all provisions contained therein as they pertain to this application.

Owner further stipulates and agrees that the terms of this application and agreement shall be binding upon the owner(s), their heirs, successors and assigns, agents, employees, including but not limited to, contractors, subcontractors, and vendors.

Owner has been informed that the Architectural Review Deposit will be held in the Magnolia Greens Master Association, Inc. general operating account.

Owner's Signature _____ Date _____

FORM THREE

MAGNOLIA GREENS MASTER ASSOCIATION, INC.

Application to Make Construction or Design Change

Date Submitted: _____ **Date Received:** _____

Lot No.: _____ **Section:** _____

Owner: _____ **Telephone No.:** _____

Requested Changes: _____

Signed: _____

For use by ARC:

Change Approval Date: _____

Comments: _____

Signed: _____

Architectural Standard Review Committee Representative

Date

Return to: CEPCO
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Leland, NC 28451
Telephone: 910-395-1500
Fax: 910-395-6229

FORM FOUR

MAGNOLIA GREENS MASTER ASSOCIATION, INC.

Request for Final Inspection/Deposit Refund

Date Prepared: _____ Date Received: _____

Lot: _____ Section: _____

Owner: _____ Telephone: _____

Requested Date for Inspection: _____

I certify that construction has been completed and that all work done conforms to state, county and local codes, and meets Magnolia Greens standards as approved.

Signed: Contractor Date

Deposit Returned { } Amount: _____

Deposit Withheld { } Amount: _____

Comments:

Signed: Architectural Standards Review Committee Representative Date

Return to: CEPCO
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Telephone: 910-395-1500
Fax: 910-395-6229