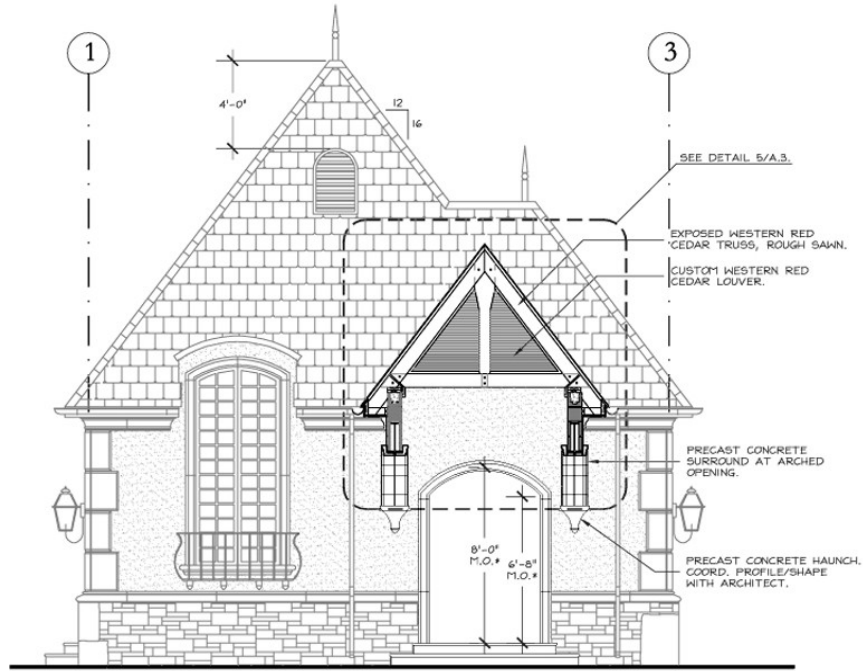


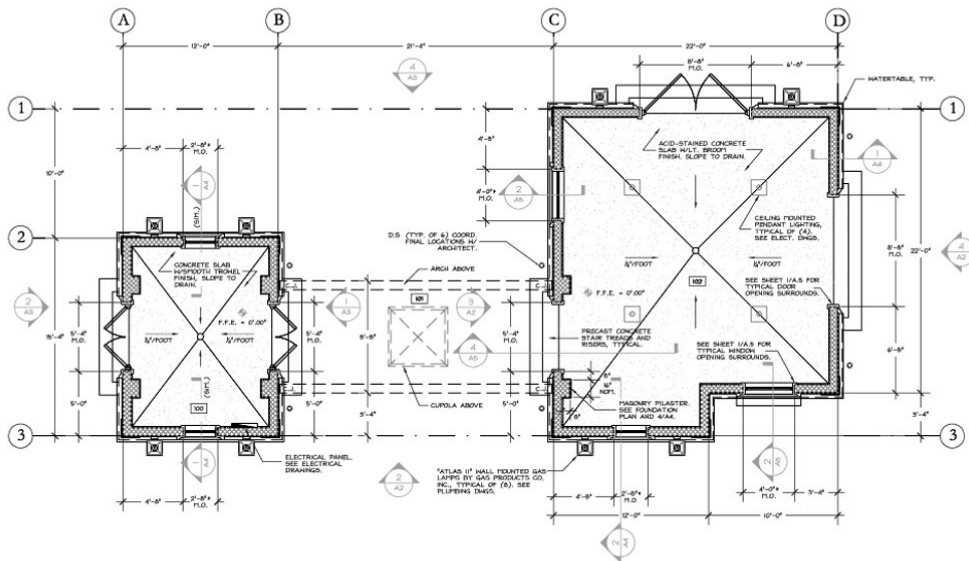
REFLECTION POINTE

SUBMITTAL FORMS

February 29, 2020 Edition



* TYPICAL DIMENSIONS OF (3) SMALL OPENINGS.



ALL DIMENSIONS SHOWN ARE TO THE FACE OF MASONRY.
 * COORDINATE F.L.O. SIZE WITH WINDOW MANUFACTURER'S STANDARD ROUGH OPENING REQUIREMENTS.
 C.J. = CONTROL JOINT - TYPICAL (4) LOCATIONS.
 O.D.S. = DOWN SPOUT. PROVIDE ELBOW AT BOTTOM AND SPILL TO STONE SPLASH BLOCKS SLOPING TO DIRECT WATER AWAY FROM BUILDING AND PAVING.
 SEE GRADING PLAN PREPARED BY OLIVARI PLANNING & DESIGN ASSOCIATES, INC. FOR ACTUAL BUILDING ELEVATION.

Reflection Pointe Architectural Guidelines February 29, 2020 Edition
GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES ON SUBMITTAL FORM ONE

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Reflection Pointe Architectural Guidelines February 29, 2020 Edition

GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES
ON SUBMITTAL FORM ONE

**REFLECTION POINTE ARCHITECTURAL REVIEW
MINOR PROJECT APPLICATION
(ONE PAGE)**

THIS FORM MUST BE COMPLETED PRIOR TO SENDING DRAWINGS TO THE
REFLECTION POINTE ARCHITECTURAL CONTROL COMMITTEE.
UPON PROCESSING BY THE ASSOCIATION MANAGER,
INSTRUCTIONS WILL BE EMAILED TO THE REGISTRANT.
DELIVER, MAIL, FAX, OR SCAN AND ELECTRONICALLY MAIL THIS FORM
WITH FEE PAID TO:

REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.
C/O Property Matters Realty
Attn: Sondra McKinney
PO Box 158 Gastonia, NC 28053
Email: smckinney@propertymattersrealty.com
Office: 704-861-0833

COMPLETE THE FOLLOWING:

Lot Number: _____ - M (Project will be registered with – M in suffix)
Lot Street Address _____
Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant Telephone: (____) _____
Lot Owner (if different): _____
Lot Owner e-mail address: _____

Type A Minor Project: See attached List

Review fee: ____\$115.00____ attached by check.

**OWNER ACKNOWLEDGE THAT HE/SHE HAS READ AND AGREE TO CONFORM TO THE
REFLECTION POINTE ARCHITECTURAL GUIDELINES IN THE EDITION DATE NOTED BELOW.**

Lot Owner Signature _____ Date: _____

REFLECTION POINTE - Minor Projects (added to an existing home)

Please consult the RPACC for the following minor projects:

Part A Projects

Project Description

Awnings and solar shades
Balconies
Basketball Backboards – Permanent
Decks and deck roof additions
Disability Access
Dog Houses
Door Additions & Security Enhancements
Drainage Changes
Driveway Modifications or Expansion
Exterior Painting (if different than originally approved)
Garden Walls
Hot Tubs/Saunas
Lawn Ornaments – permitted in rear of the home or non-street facing sides only.
Landscape changes
Lattice Work
Lights and Lighting Modifications – (none directed toward neighboring lots)
Paving for Walks, Driveways and Patio Areas
Playground Equipment and playhouses OVER 8 FT IN HEIGHT
(paint or stain in colors that blend with nature. No primary red, yellow, blue permitted.)
Ponds or Water Features
Propane Tanks (with proper size and screening)
Rain Barrels - For irrigation system
Raised Flower or Vegetable Gardens in front or street facing side yards
Removal of small scrub trees and shrubs prior to or after plan approval
Retaining Walls (Impact fee required for curb damage)
Roof Replacement (if different than originally approved)
Rooftop Equipment
Shutters – Storm shutters (permanent)
Siding Replacement (if different than originally approved)
Shutters
Skylights
Solar Energy Devices
Stand alone structures, other than garages
Vents
Window Replacement (if different than originally approved)
Window Tinting and Security Bars
Wind Turbines, Wind Vanes

Part B Projects (Although no application or fee is required, all Guidelines must be followed)

Project Description

See Section 3-15B for minor projects not requiring RPACC approval.

Reflection Pointe Architectural Guidelines February 29, 2020 Edition

GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES
ON SUBMITTAL FORM ONE

REFLECTION POINTE ARCHITECTURAL REVIEW OPTIONAL SCHEMATIC REVIEW REQUEST

This form must be completed prior to sending drawings to the Reflection Pointe Architecture Control Committee. Upon processing by the Association Manager, instructions will be emailed to the registrant. Deliver, fax or scan and email this form with \$200 fee, if applicable, paid to:

REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.

C/O Property Matters Realty
Attn: Sondra McKinney
PO Box 158 Gastonia, NC 28053
Email: smckinney@propertymattersrealty.com
Office: 704-861-0833

Reference: Article 3.6 of the Reflection Pointe Architectural Guidelines for more information:

Lot Number: _____-S (AM: Please add "-S" to the lot number when registering, e.g., lot 1234-S)

Lot Owner / Prospective Lot Owner (PLO): _____

Lot Owner / PLO e-mail address: _____

Registrant Name (primary contact): _____

Registrant e-mail address: _____

Registrant Telephone: _____ Fax: _____ (w/area code)

ALSO, CONFIRM THE FOLLOWING AND INCLUDE FEES WHERE APPLICABLE:

I. Initials _____ Homeowner's fees paid to HOA for current year (include if not previously paid).

II. Initials _____ \$200 for non-owners. No fee for lot owners of Reflection Pointe. See Article 3.6

***IMPORTANT GENERAL NOTES:** All submittals after this form are to be digital. You will be provided means to access the Architectural Committee portal on the web where you will upload your plans. Reviews will commence upon receipt of the digital submittal. **Reviews could take long as 30 business days per the CC&R's, but are typically completed within a few weeks.**

Owner acknowledges that for this Optional Schematic Review the efforts of the RPACC are based on good faith and that there is no guarantee or warranty that the RPACC will not find unacceptable conditions at a later date as plans become more refined and detailed that would prevent approval of the home or that could incur additional costs to construct.

Owner or Potential Owner Signature _____ Date _____

Printed Name: _____ Date _____

Reflection Pointe Architectural Guidelines February 29, 2020 Edition

GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES ON SUBMITTAL FORM ONE

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM ONE (three pages)

SUBMIT THIS FORM AND YOUR APPLICATION FEES TO:

REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.

C/O Property Matters Realty
Attn: Sondra McKinney
PO Box 158 Gastonia, NC 28053
Email: smckinney@propertymattersrealty.com
Office: 704-861-0833

(YOU WILL BE NOTIFIED BY E-MAIL HOW TO MAKE FUTURE SUBMITTALS)

COMPLETE THE FOLLOWING:

Lot Number: _____
Lot Street Address: _____
Lot Owner: _____
Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant mailing address: _____
City: _____ State: _____ Zip: _____
Registrant telephone: (____) _____ Fax: (____) _____
Builder: _____

ALSO, CONFIRM THE FOLLOWING WHERE APPLICABLE:

- I * Initials _____ Homeowner's fees paid to HOA for current year (include if not previously paid).
- II * Initials _____ Main dwelling Architectural Review fee (Pool and Dock no extra fee per Article 3.3) \$1,250
- III Initials _____ Compliance Security Deposit for dwelling construction: \$3,000 for Featured Builders or \$5,000 for New Builders (not previously established on the Featured Builders List) Must be paid from builder's account. (\$1,500 for remodel or shore stabilization); \$1000 by Owner
- IV. * Initials _____ Non-Refundable Impact Fee: \$1,000
- V.* Initials _____ Sewer Tap Fee: \$1,512
- VI.** Initials _____ Sewer Grinder Fee: \$7,206.00
- VII.* Initials _____ Sewer Top Protection Fee: \$200
- VIII. Initials _____ Additional Plan Review \$250 fee is attached
- IX. Initials _____ Additional On-Site Review \$250 fee is attached
- X. Initials _____ Modification to Existing Home ($\leq 25\%$ home value) \$450 fee is attached.
- XI. Initials _____ Pool and/or Dock Review fee: \$450 is attached (\$350 if submitted prior to final site review)
- XII. Initials _____ Review of change not addressed herein and not requiring a building permit \$115 fee
- XIII. Initials _____ Insurance Forms Attached per Article 8.4
- XIV. Initials _____ Modification fee (See article 3.15D)

* Required to be paid with the initial Submittal for any new dwelling.

** Sewer Grinder fee could vary with the cost of materials at the time of installation.

General Note: The fees listed above are HOA fees and do not include any local government fees.

Reflection Pointe Architectural Guidelines February 29, 2020 Edition

GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES
ON SUBMITTAL FORM ONE

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM ONE

PAGE 2 of 3

This portion of the form must be completed in full prior to commencing the review. If the Association Manager does not have this on file prior to construction, you will not be issued authorization to submit your plans or to have your Builder obtain a gate access code to the community. If all subcontractors have not yet been identified, please note as TBD. When known, please resubmit this portion of the form to the Association Manager. Also, if you change subcontractors or need to add to the list, please contact the Association Manager. You will be accountable for all subs entering the community.

Address of Lot: _____

Homeowner: _____ Phone Number: _____

Contractor: _____ Phone Number: _____

Job Foreman: _____ Phone Number: _____

Architect/Engineer/ Designer: _____

Surveyor: _____

Lot Clearing/Grading: _____

Termite Co.: _____

Concrete: _____

Building Supply Company: _____

Framer: _____

Mason/Exterior Finish: _____

Water Proofing: _____

Gutters: _____

Roofing: _____

Electrician: _____

Plumber: _____

Lighting Company: _____

Wood Flooring: _____

Tile Work: _____

Carpet: _____

Cabinet Makers/Installers: _____

Reflection Pointe Architectural Guidelines February 29, 2020 Edition

GENERAL NOTE: BUILDER AND PROPERTY OWNER MUST ACKNOWLEDGE THEIR ACCEPTANCE OF THESE GUIDELINES ON SUBMITTAL FORM ONE

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM ONE
PAGE 3 of 3

Painter Interior/Exterior (Approval based on Sample Board) _____

Appliances: _____

Heating & Air: _____

Garage Door: _____

Landscaping: _____

Other – Please specify type of company as well: _____

ATTESTED TO (print name): _____ Title: _____

Signature of Builder: _____ Date: _____

BUILDER, OWNER AND REGISTRANT ACKNOWLEDGES THAT THEY HAVE READ AND AGREE TO CONFORM TO THE COMMUNITY GUIDELINES AND SUBMITTAL FORMS AS OUTLINED IN EDITION DATE AS NOTED ON THE BOTTOM OF THIS PAGE:

By: (Property Owner signature) _____

Print name: _____ Date: _____

By: (Builder signature) _____

Print name: _____ Date: _____

Company: _____ NC Contractor License # _____

Contractor License Limit: _____

Areas In Box To Be Completed By Reflection Pointe Association Manger It is the Property Owner's Responsibility to Request this as Receipt of Payment			
TOTAL Review Fee(s). \$ _____	Check #: _____	Date: _____	Paid By: _____
\$ _____ / _____ Compliance Security Deposits	Check #s: _____	Dates: _____	Paid By: _____
RPHOA Fees Current?	(1) YES (1) NO	Insurance forms attached per Article 8.4	(1) YES (1) NO
Submittal Received By: _____			Date: _____
Gate Code Issued: _____			Date: _____
Application Entered on the ACC Web Site _____			Date: _____

REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO
APPLICATION FORM - FOUR PAGES

NOTE: A copy of the contractor's insurance endorsements must be attached to this form per Article 8.2 of the Reflection Pointe Architectural Guidelines.

SUBMITTAL FORM ONE MUST BE COMPLETED PRIOR TO SUBMITTING THIS FORM.

YOU WILL RECEIVE INSTRUCTIONS BY E-MAIL AS TO HOW TO SUBMIT THIS FORM. ALL INFORMATION, INCLUDING THIS FORM MUST BE SUBMITTED DIGITALLY AS A PDF, TIFF OR JPEG.

DATE OF SUBMITTAL: _____ LOT #: _____ ORIGINAL _____ RESUBMITTAL _____ (check one)

Property Address: _____

Owner's Name: _____

Current Address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

GENERAL CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

NOTE: WHERE OWNERS ARE CONTRACTING WORK THROUGH PRIME SUBCONTRACTORS PROVIDE THE FOLLOWING. THIS INFORMATION IS NOT REQUIRED WHERE ALL WORK IS CONDUCTED THROUGH THE GENERAL CONTRACTOR. ALSO PROVIDE THE REQUIRED INSURANCE INFORMATION FOR ANY CONTRACTOR (ARTICLE 8.5).

HVAC CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

ELECTRICAL CONTRACTOR: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

PHONES(S): _____ E-MAIL _____

CITY/STATE/ZIP: _____

**REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO PAGE 2 of 4**

PLUMBING CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
CITY/STATE/ZIP: _____

LANDSCAPE CONTRACTOR: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
CITY/STATE/ZIP: _____

ARCHITECT/DESIGNER: _____
NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____
MAILING ADDRESS: _____
PHONES(S): _____ E-MAIL _____
CITY/STATE/ZIP: _____

ARCHITECT/ DESIGNER HAS GIVEN APPROVAL FOR THE USE OF THIS PLAN ON THIS SITE AND FURTHERMORE HAS GIVEN PERMISSION FOR THE SARC TO COPY THEIR WORK FOR ITS USE: YES _____ NO _____

PLAN NAME: _____

HEATED SQ. FT: * ¹	1 ST FLOOR	_____	(SEE FOOTNOTE BELOW)
	2 ND FLOOR	_____	
	BASEMENT	_____	
	OTHER	_____	
	SUBTOTAL	_____	(Heated)
UNHEATED SQ. FT.:	SUBTOTAL	_____	(Under Roof)
TOTAL SQ. FT. (ADD SUBTOTALS):		_____	(Under Roof)

Identify any construction or landscaping equipment to be used that is a track type loader or excavator: _____

EXTERIOR MATERIALS: (Specify website for Manufacturer, Product Name, & Color for all that apply. If website is not available, provide a digital photograph of proposed material taken in normal daylight)

BRICK: _____ COLOR: _____ (will be approved on sample board)

STONE: _____ COLOR: _____ (will be approved on sample board)

STUCCO: _____ COLOR: _____ (will be approved on sample board)

SIDING: _____ COLOR: _____ (will be approved on sample board)

OTHER: _____ COLOR: _____ (will be approved on sample board)

¹ The HEATED SQUARE FOOTAGE shall be measured to the inside face of the interior finish materials of the perimeter walls.

**REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO PAGE 3 of 4**

ROOF: _____ COLOR: _____ (will be approved on sample board)

WINDOWS: _____ COLOR: _____ (will be approved on sample board)

TRIM: _____ COLOR: _____ (will be approved on sample board)

DOORS: _____ COLOR: _____ (will be approved on sample board)

SHUTTERS: _____ COLOR: _____ (will be approved on sample board)

DRIVEWAY: _____ COLOR: _____

DRIVEWAY APRON: _____ COLOR: _____

PATTERN: _____

WALKS: _____ COLOR: _____

OTHER: _____ COLOR: _____

GARAGE DOOR: _____ COLOR: _____ (Front Loading Not Permitted)

FIREPLACE? YES NO QUANTITY _____ CHIMNEY (Material Type): _____

UNVENTED GAS FIRE PLACES AND EXPOSED METAL STACKS ARE NOT PERMITTED. _____ (INITIAL)

OPEN DECK? YES NO QUANTITY: _____ TOTAL SQ. FT.: _____

PATIO? YES NO QUANTITY: _____ TOTAL SQ. FT.: _____

PORCH? YES NO QUANTITY: _____ TOTAL SQ. FT.: _____

CONFIRM THAT YOU ARE ALSO SUBMITTING THE FOLLOWING:

Both the builder and their client (owner of the property) must initial below

Initials: _____ **DESCRIPTION OF HOME AND AMENITIES:**

A complete set of plans and elevations, wall sections and details along with a full set of specifications. Each drawing lists the lot number.

Initials: _____ **SITE PLAN:**

A Site Plan prepared by a licensed land surveyor is provided for the full site. The features of the survey include the following:

- a) All boundary lines and setbacks, easements and rights of way.
- b) Existing contours and finish contours noted at 2 - foot intervals along the full width of the site beginning at the street curb and extending a least 40 feet beyond the last disturbed area on the site.
- c) All planned construction, including the main home and amenities including driveways, retaining walls, decks and patios and denoting the planned elevation of the main floor above mean sea level.
- d) The front and closest side footprint of homes to the left and right of this home (only if on adjacent lots).

**REFLECTION POINTE ARCHITECTURAL REVIEW
SUBMITTAL FORM TWO PAGE 4 of 4**

Initials: _____

EXISTING TREE SURVEY:

- a) A plan which shows the location and identification of all hardwood trees to be saved and removed with a caliper of ≥ 6 " at the base 15 feet outside the boundary of the home.
- b) Tree protection measures.

Initials: _____

EROSION CONTROL AND SITE MANAGEMENT:

- a) A Drainage and Erosion Control Plan and including stone driveway. b) Show portable toilet, dumpster, and spoil locations.

Initials: _____

PRODUCT LITERATURE:

Materials brochures photocopied and sent digitally, for each material and color.

Initials: _____

PHOTOS:

- a) Digital photos of the site, labeled as to view location and orientation.
- b) Detailed photos of the full length of the street and curb especially showing any pre-construction damage.

Initials: _____

LANDSCAPE PLAN:

A copy of the Landscape Plan submitted with a legend identifying all landscape elements, pools, patios and fences. Submittal of the landscape plan may be delayed to the time of the dry-in inspection (Article 3.11). Submittal of this plan after the dry-in inspection may result in an additional review fee.

Initials: _____

CONTRACT: As specified in Article 8.1(c)

Initials: _____

Builder/Contractor's Liability Insurance endorsements required under Article 8.4.

Initials: _____

VISUALLY PERMEABLE FENCES:

Fences proposed herein comply with being visually permeable where required by these guidelines.

**THE EDITION DATE OF THE GUIDELINES USED FOR THIS SUBMITTAL IS NOTED BELOW.
THE UNDERSIGNED CERTIFIES THAT IT WILL OBTAIN, PRIOR TO THE START OF
CONSTRUCTION ACTIVITIES, SITE CLEARING, BUILDING AND ZONING PERMITS ISSUED BY THE
AUTHORITY HAVING JURISDICTION.**

I acknowledge that I have completed and included everything on this checklist prior to submitting for architectural review. I understand that this information has been requested by the REFLECTION POINTE ACC prior to my obtaining bank loans or building permits, and the full cost of any delay resulting from the association not approving the plans, if reviewed and approved within 30 business days, or if not approved, with re-submittals for non-approvals within an additional 30 business days from my re-submittal, are at my sole expense.

Lot/Property Owner Signature: _____ Date: _____

Builder Signature: _____ Date: _____

REFLECTION POINTE ARCHITECTURAL REVIEW SUBMITTAL FORM THREE

(one page, use three times during course of construction)

REQUEST FOR ON-SITE REVIEWS

UPLOAD THIS FORM IN SAME MANNER AS SUBMITTAL TWO

1. PRE-CONSTRUCTION ON-SITE REVIEW:

A PRE-CONSTRUCTION REVIEW MUST BE SCHEDULED TEN BUSINESS DAYS IN ADVANCE AND APPROVAL TO PROCEED MUST BE ISSUED PRIOR TO BEGINNING ANY CONSTRUCTION. SAMPLE BOARD APPROVAL MUST PRECEDE THIS REVIEW. (SEE ARTICLES 3.11 and 3.12)

MARK THE LOCATION OF THE SILT FENCING WITH STRING OR TAPE LINE AND STAKE THE OUTLINE OF THE HOME WITH STRING LINES ALONG MAJOR WALLS. STAKE-OFF THE DRIVEWAY. INSTALL OR STAKE-OFF THE STONE DRIVE. INSTALL THE SAMPLE BOARD. MARK TREES TO BE SAVED AND REMOVED.

NOTE: THE SILT FENCE, THE CONSTRUCTION FENCING, THE TREE PROTECTION, AND THE STONE CONSTRUCTION DRIVE MUST BE IN PLACE ***PRIOR*** TO BEGINNING ANY CONSTRUCTION ACTIVITIES. SUBMITTAL FIVE REFERS.

Signature of Person Requesting Review:

Date

2. REVIEW AT DRY-IN:

AT THE POINT THAT THE HOME HAS ROOFING AND THE WINDOWS AND DOORS ARE INSTALLED, THE OWNER OR THE BUILDER SHOULD NOTIFY THE REVIEW BOARD TO CONDUCT A 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.

Signature of Person Requesting Review:

Date

3. CONSTRUCTION REVIEW:

UPON COMPLETION OF THE HOME AND ALL LANDSCAPING AND FEATURES, THE OWNER OR THE BUILDER SHOULD CALL FOR A CONSTRUCTION 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 BOND MONIES THAT ARE TO BE REFUNDED TO THE OWNER OR THE BUILDER.

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.

REFLECTION POINTE ARCHITECTURAL REVIEW

SUBMITTAL FORM FOUR (A)

FEATURED BUILDER APPLICATION

THIS FORM IS REQUIRED IN ORDER TO APPLY TO BECOME/REMAIN A FEATURED BUILDER.

(See Article 8)

SUBMIT THIS COMPLETED FORM TO:
Reflection Pointe HOA Board of Directors
c/o Assn Manager listed on Submittal One

Homes listed must be no more than four years old and cannot be the contractor's personal home. All builders must be residential custom home builders with an unlimited contractor license issued by the State of North Carolina.

I. Initials _____ COMPANY NAME: _____
QUALIFIER NAME: _____
LICENSE NUMBER: _____
LICENSE TYPE: _____
LICENSE LIMIT: _____

II. Initials _____ COMPANY BROCHURE IS ATTACHED

III. Initials _____ CONTACT NAME AND PHYSICAL ADDRESS OF THE MOST RECENT THREE PROJECTS IN THIS AREA OF SIMILAR SCOPE AND VALUE TO THE HOME PROPOSED.

HOME NUMBER ONE: IF ALREADY A FEATURED BUILDER, LIST HOMES BUILT IN REFLECTION POINTE FIRST

1. Contact: _____
2. Telephone: _____
3. Physical Address: _____
4. Total Heated Space: _____
5. Year Completed: _____
6. Number of months under construction: _____
7. Total value of the home: _____

HOME NUMBER TWO:

1. Contact: _____
2. Telephone: _____
3. Physical Address: _____
4. Total Heated Space: _____
5. Year Completed: _____
6. Number of months under construction: _____
7. Total value of the home: _____

HOME NUMBER THREE:

1. Contact: _____
2. Telephone: _____
3. Physical Address: _____
4. Total Heated Space: _____
5. Year Completed: _____
6. Number of months under construction: _____
7. Total value of the home: _____

I HAVE READ AND AGREE TO ABIDE BY THE REFLECTION POINTE COVENANTS AND ARCHITECTURALGUIDELINE EDITION DATED _____.

SIGNATURE OF CONTRACTOR MAKING SUBMITTAL: _____ DATE: _____

REFLECTION POINTE DESIGNER QUALIFICATIONS

THIS FORM IS RECOMMENDED TO OWNERS IN ORDER TO VERIFY CREDENTIALS OF THE ARCHITECTURAL AND LANDSCAPE DESIGNERS THEY ARE CONSIDERING TO PREPARE PLANS FOR THEIR HOME. DESIGNERS WHO DO NOT HAVE THE REQUISITE SKILL TO PROVIDE DRAWINGS MEETING THE THEMATIC AND TECHNICAL REQUIREMENTS STATED IN THESE GUIDELINES MAY CAUSE SIGNIFICANT DELAY IN THE APPROVAL OF YOUR HOME.

DESIGNERS WISHING TO BE LISTED AS A FEATURED DESIGNER IN REFLECTION POINT SHOULD COMPLETE THE FOLLOWING APPLICATION AND SUBMIT THIS COMPLETED FORM TO:

Reflection Pointe HOA Board of Directors c/o
Association Manager listed on Submittal One

COMPANY NAME: _____ TEL: _____
PROJECT DESIGNER: _____ TEL: _____
NC or GASTON COUNTY LICENSE NUMBER: _____ LICENSE TYPE: _____
E-MAIL ADDRESS: _____ ATTACHED RESUME YES NO (circle one)

CONTACT INFORMATION FOR TWO OF YOUR SINGLE FAMILY RESIDENTIAL HOMES. SUBMIT DESIGN AND CONSTRUCTION DOCUMENTS IN .PDF FORMAT THAT DEMONSTRATE YOUR EXPERTISE IN EUROPEAN ECLECTIC THEMED HOME DESIGN.

HOME NUMBER ONE: EUROPEAN ECLECTIC

1. Client Name: _____
2. Telephone: _____
3. Physical Address of home: _____
4. Total Heated Space: _____ Year Completed: _____
5. Attached are digital photos of completed home: YES _____ NO _____
6. Attached are PDFs of full document set: YES _____ NO _____
7. I/We provided on site construction services: YES _____ NO _____

HOME NUMBER TWO: EUROPEAN ECLECTIC

1. Client Name: _____
2. Telephone: _____
3. Physical Address of home: _____
4. Total Heated Space: _____ Year Completed: _____
5. Attached are digital photos of completed home: YES _____ NO _____
6. Attached are PDFs of full document set: YES _____ NO _____
7. I/We provided on site construction services: YES _____ NO _____

I agree that the information submitted in response to my desire to be listed as a Featured Designer in Reflection Pointe may be posted on the ARC Consultant Website as well as the Reflection Pointe Community Website and in any publication promoting the Reflection Pointe community. I also agree that submitting this material does not guarantee that I will be listed as a Featured Designer on any website or publication.

I HAVE READ AND AGREE TO ABIDE WITH THE REFLECTION POINTE COVENANTS AND ARCHITECTURAL GUIDELINE EDITION DATED _____.

SIGNATURE OF DESIGNER MAKING SUBMITTAL: _____ DATE: _____

ARCHITECTURAL COMMITTEE FIELD REPORT

Staking Dry In Final Additional

Community: _____ Lot Number: _____ Date: _____

Homeowner: _____ Builder: _____

Superintendent: _____ Phone: _____

Road and Curbing Inspection: Start Point: _____

Water Meter: Box in place? **Y N** Protected? **Y N** Protect prior to construction start. Add Siphon Break. **Y N NA In-Place**

Sewer System: Municipal? **Y N**. Septic? **Y N** Protected? **Y N**. Other Sewer requirements addressed? **Y N** (If N see notes)

Silt Fence Condition: Road Side **Y N** Interior property lines **Y N** Comment _____

Site drainage expected or confirmed to not encroach onto neighboring lot? **Y N NA** (see notes)

Tree Save: Save trees Marked? **Y N** Clearing area defined? **Y N** Other? e.g. Buffer Areas sectioned off? **Y N NA** (see notes)

Site Staking

Dry In

Final

Y N Stone for Driveway **Y N** Stone Driveway in good condition **Y N** Driveway Stone Removed

Y N Dumpster on site **Y N** Dumpster location & site trash good **Y N** Dumpster Removed

Y N Port-a-Potty on site **Y N** Port-a-Potty location good **Y N** Port-a-Potty Removed

Y N Site Boundaries Marked **Y N** Materials on home same as on board **Y N** Materials same as board

Y N House Staked as planned

Y N Sample Board approved? If N, see notes. **Y N** Required lot number designation on the sample board?

Building materials (to be) stored on another lot? **Y N** If Yes, neighboring property approval letter provided? **Y (N **)**

Roadway damaged or needs cleaning? **Y N** _____

Windows & Doors as approved? **Y N** _____ Roofing as approved? **Y N** _____

Exterior Home Materials and Details as approved? **Y N** _____

Landscape as approved? **Y N** If no, see notes. Mailbox in Place? **Y N NA**

Notes: _____

Approved Work Hours: **M-F** _____ (am) _____ (pm) **Saturday** _____ (am) _____ (pm) **Sunday/Holidays** _____ (am) _____ (pm)

Sunday/Holiday work approved with no noise on the exterior? **Y N** **Fines apply to workhour violations Amount \$ _____ per hour**

Holidays are: NY; MLK; Pres; GdFri; Mem; Ind; Lab; Col; Vet; TG, Xmas eve, Xmas; Box; NY eve.

No work or material delivery on the holidays circled. Fines apply to workday violations Amount \$ _____ per day

SPECIAL CONSIDERATIONS:

- 1) **Builders/Homeowners are responsible for maintaining site:** Builder/Homeowner shall keep roadway clean of all debris, or HOA will charge for cleaning.
- 2) **Requirements for neighboring sites:** Homeowner/Builder must have written approval to utilize neighboring properties for any and all uses.
- 3) This review is based solely on compliance with the Architectural Guidelines and does not constitute approval of non-compliant design or construction, unless specifically identified herein as an approved variance, and does not relieve the Property Owner of the responsibility to fully comply with the Guidelines. Approval does not in any way represent an opinion of the adequacy of the construction. or of the suitability of proposed building materials or methods of construction.
- 4) ARC/ACC may enter property at any time to repair silt fences or erect protection barriers, or for observation and reporting on non-compliant construction.

APPROVAL LEVEL: *Where asterisk appears next to lines above, it indicates this is an item which needs immediate resolution.

Approved (to start or continue) Conditional (see notes) Not Approved Non-Compliant – Requires Resolution

Incomplete – Additional On Site Review Required (Additional Review Fee will be deducted from the Deposit \$ _____)

Y N Was neighboring property restored after construction complete? _____

Y N On Final: Is Security Deposit Authorized for release? If No, explain: _____

Signatures: Homeowner: _____ Builder: _____ ARC: _____

Print Name: Owner: _____ Builder: _____ ARC: _____

**** Where applicable, work must not proceed until this item is provided to the ARC/ACC!**

NOTE: ALL COMMUNICATION SHOULD OCCUR VIA THE OFFICIAL REVIEW SITE

BY SIGNING, ALL PARTIES AGREE TO ABIDE BY CCR AND ARCHITECTURAL GUIDELINE REQUIREMENTS