

SCHEDULE E

BayCrossing

REQUEST FOR FINAL INSPECTION / DEPOSIT REFUND

Lot Number: _____ Date: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone / Fax: _____

Requested Date of Inspection: _____

I do hereby certify in good faith that the contracted structure on said lot does conform to the Standard Building Code, local codes, and the BayCrossing Architectural Control Committee requirements and standards and the final plans as approved by the Architectural Control Committee. All site work, landscaping, cleaning, removal of temporary utilities and repair of damage to rights of way and common areas have been implemented. Enclosed is a certified copy of a survey showing as-built dock/pier location. This constitutes a request for return of Construction Escrow deposit.

Owner's signature: _____ Date: _____

ACC use:

Escrow Deposit

_____ Deposit returned in full _____ Partial refund

Amount returned: _____

Reason for withholding: _____

Signature: _____ Date: _____