

Appendix C - Application Forms & Fee Schedules

Kinloch, Goochland County, Virginia

POST-CONSTRUCTION REVIEW APPLICATION
APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR PROPERTY IMPROVEMENTS

New Home Building Improvement Site Improvement

Lot Number: _____ Lot Address: _____

Applicant Name: _____ Date: _____

Applicant Mailing Address: _____

Applicant Telephone Numbers: (W) _____ (H) _____

(Mobile) _____ (E-Mail Address) _____

Contractor's Name and Telephone: _____

Date and Time Lot will be Ready for Post-Construction Review: _____

Date Closing is Scheduled: _____

Property Improvement Application Certificate of Approval Certificate Number: _____

Site Stakeout Application Certificate of Approval Certificate Number: _____

Please send the *Certificate of Compliance* to:

Contractor Address: _____

Lender Address: _____

Closing Attorney Address: _____

If defects are noted or if the project is incomplete, I understand that I am responsible for notifying the ARB for a second inspection by the date specified by the ARB. An additional application fee will apply. Bonds will be retained until a Certificate of Compliance is issued. To the best of my knowledge the above information provided is accurate. I understand that any approval resulting from this review is for compliance with the Kinloch Architectural Design Guidelines only and does not relieve my responsibility for obtaining all other necessary permits and compliance with applicable County, State, and Federal laws, regulations, codes, ordinances, and statutes. Applicant Signature _____

Do Not Write Below:

Submit completed application to arb@kinlochva.com

Date Application Received: _____ Date of Review: _____

Y N

If No, List Remarks:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Plans Approved |
| <input type="checkbox"/> | <input type="checkbox"/> | Colors Approved |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials Approved |
| <input type="checkbox"/> | <input type="checkbox"/> | "Limiting Conditions" Met |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction Approved |
| <input type="checkbox"/> | <input type="checkbox"/> | Landscaping Complete & Approved |
| <input type="checkbox"/> | <input type="checkbox"/> | Complies with Guidelines |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Certificate of Compliance</i> to be Issued |

If incomplete, date by which remarked items must be complete: _____

Signed for ARB: _____ Print Name: _____