

ATTACHMENT # 4 -
BUILDER'S CONSTRUCTION COMPLETION TRANSMITTAL

TIDELANDS ESTATES ARCHITECTURAL REVIEW COMMITTEE

RESIDENCE ADDRESS: _____

OWNER'S NAME: _____

LOT NUMBER: _____

BUILDER: _____

SITE SUPERVISORS NAME: _____

DAY TIME TELEPHONE: _____ NIGHT TIME PHONE _____

The Architectural Review Committee is requested to schedule a final inspection for the above referenced home site.

All exterior finishes and site improvements as submitted and approved by the Architectural Review Committee have been completed.

All construction materials, debris and related items have been restored or removed. Also, any adjacent property or road right-of-way areas have been cleaned and restored.

NOTES OR COMMENTS:

NAME (PRINT) _____ DATE: _____

SIGNATURE: _____