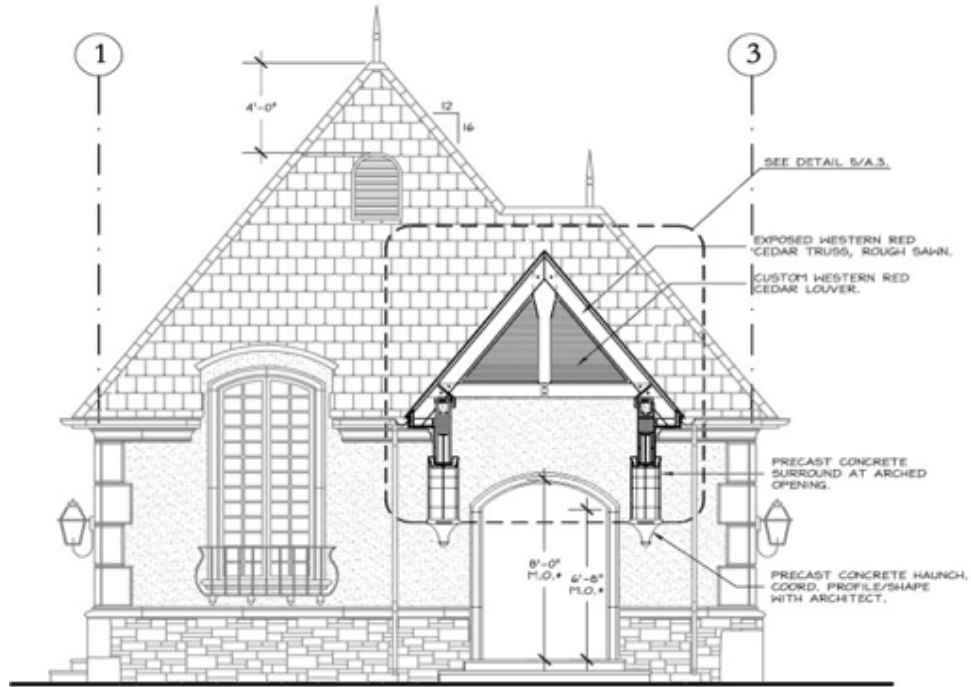


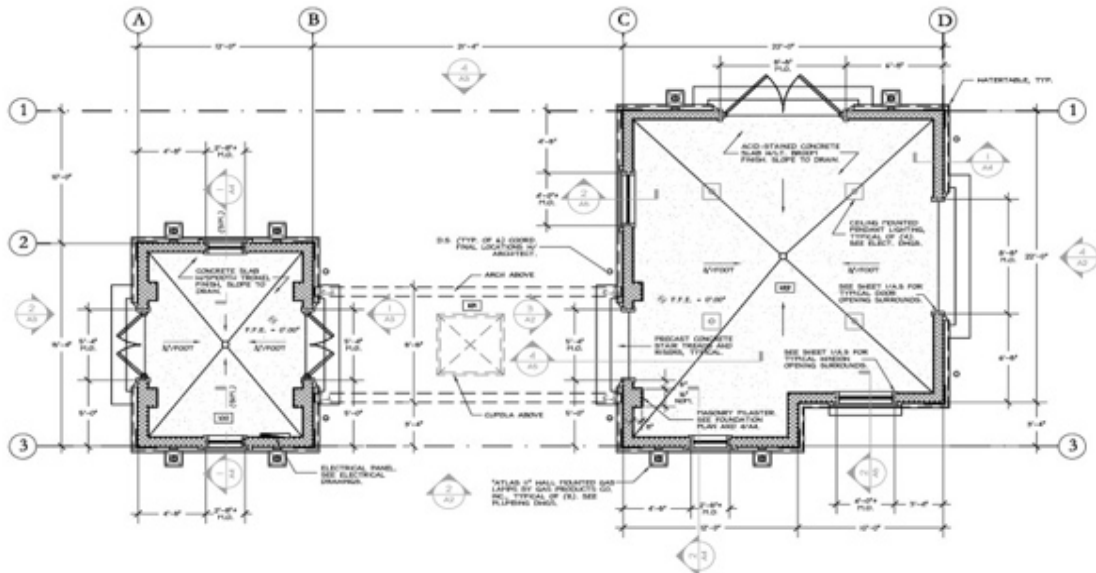
REFLECTION POINTE

SUBMITTAL FORMS

April 2022 Edition



* TYPICAL DIMENSIONS OF (3) SMALL OPENINGS.



ALL DIMENSIONS SHOWN ARE TO THE FACE OF FINISHT.
 # COORDINATE P.L.O. SEE WITH WINDOW MANUFACTURER'S STANDARD MINIMUM OPENING REQUIREMENTS.
 C.L. = CENTER, JOINT = TYPICAL (X) LOCATIONS.
 * S.L.S. = STAIN-RESISTANT, PRECISE FINISH AT BOTTOM AND SILL, TO STONE SPLASH BLOCKS SLIPPING TO INSURE WATER AWAY FROM BUILDING AND FINISH.
 @ SEE FINISHING PLAN PREPARED BY JLDWAY PLANNING & DESIGN ASSOCIATES, INC. FOR ACTUAL BUILDING ELEVATION.

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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 form and fees to:

REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.

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

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 _____ \$500 (There are no longer free Schematic Reviews as of April 15, 2022. The Schematic Fee will however be applied to a full review if the applicant wishes to move forward with a formal review.)

***IMPORTANT GENERAL NOTES:** All submittals after this form are to be digital. You will be provided means to access the Charette Architects web site where you will upload you plans. Reviews will commence upon receipt of the digital submittal. **Reviews could take as long as 30 business days per the CC&R’s, but are typically completed within two 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 _____

TOTAL FEES PAID HEREIN: _____ CHECK #: _____
PAID BY: _____
FEES RECEIVED BY: _____ DATE: _____

REFLECTION POINTE ARCHITECTURAL REVIEW CONSTRUCTION DOCUMENT APPLICATION

SUBMIT THIS FORM AND YOUR APPLICATION FEES TO:

REFLECTION POINTE HOMEOWNERS ASSOCIATION, INC.

C/O Property Matters Realty

Attn: Sondra McKinney Office: 704-861-0833

PO Box 158 Gastonia, NC 28053

Email: smckinney@propertymattersrealty.com

(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: \$1,500. (may be reduced \$500 if Schematic fee was paid)

III Initials _____ Compliance Security Deposit for dwelling construction: \$3,000 for Featured Builders or \$5,000 for First Time Builders.

Initials _____ \$1,500 Deposit paid by contractor for remodel, dock or shore stabilization.

IIIA.* Initials _____ \$1000 Compliance deposit paid by Owner

IV.* Initials _____ Non-Refundable Impact Fee: \$1,000

V.* Initials _____ Sewer Tap Fee: \$1,512

VI.** Initials ___X___ Sewer Grinder Fee. (purchase from the HOA directly. Pay when needed.)

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 (< 25% of home value) \$450 fee is attached

XI. Initials _____ Pool and/or Dock Review fee: \$450 is attached

XII. Initials _____ Shore line Stabilization using rip rap or retaining wall system \$250.00 fee is attached.

* *Required to be paid by the owner with the initial Submittal for any new dwelling. All others to be paid by the contractor.*

** *Sewer Grinder fee may be paid directly by the owner or by the contractor. It will need to be purchased from the HOA via the Association Manager. Consult with the Association Manager for cost and availability.*

TOTAL FEES PAID HEREIN: _____ CHECK #: _____

PAID BY: _____

FEES RECEIVED BY: _____ DATE: _____

**REFLECTION POINTE ARCHITECTURAL REVIEW
CONTRACTOR'S LIST OF SUBCONTRACTORS**

(provide this form at time of site staking review)

Lot # _____

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: _____

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 AND OWNER ACKNOWLEDGE 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 Owner signature) _____

Print name: _____ Date: _____

Company: _____ NC Contractor License # _____

Qualifier Name (Print) _____ License/Certificate # _____

Edition Date of Guidelines _____

REFLECTION POINTE ARCHITECTURAL REVIEW SPECIFICATIONS

SUBMIT THE FORM WITH YOUR CONSTRUCTION DRAWINGS
IDENTIFY IT BY NAME AS "SPECIFICATIONS" WHEN ADDING IT TO THE REVIEW PORTAL

DATE OF SUBMITTAL: _____ LOT #: _____

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: _____

ARCHITECT/DESIGNER: _____

NORTH CAROLINA LICENSE NUMBER: _____ LICENSE TYPE _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONES(S): _____ E-MAIL _____

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

PLAN NAME: _____

HEATED SQ. FT: *1	1 ST FLOOR	_____	(Measure to the inside face of interior walls. Do not include exterior walls)
	2 ND FLOOR	_____	
	BASEMENT	_____	
	OTHER	_____	
	SUBTOTAL	_____	(Heated)
UNHEATED SQ. FT.:	SUBTOTAL	_____	(Occupiable)
TOTAL SQ. FT. (ADD SUBTOTALS):		_____	(Under Roof)

EXTERIOR MATERIALS: Specify Manufacturer and Style with Color for all that apply.

Also provide a composite of all materials and colors using manufacturer's picture of the proposed material or a photo taken in normal daylight. (cut and paste into a MSWord document as a suggestion)

(Final review/approvals will not occur until materials are placed on the sample board. Approval to start construction will not be provided until the sample board is fully approved)

(Example: Roof (Primary) GAF Style: Timberline UHD Color: Charcoal; Roof (Secondary) Berridge Style: Standing Seam Color: Charcoal)

BRICK: _____ STYLE: _____ COLOR: _____

STONE: _____ STYLE: _____ COLOR: _____

STUCCO: _____ STYLE: _____ COLOR: _____

SIDING: (Primary) _____ STYLE: _____ COLOR: _____

SIDING (Secondary): _____ STYLE: _____ COLOR: _____

ROOF: (Primary) _____ STYLE: _____ COLOR: _____

ROOF: (Second) _____ STYLE: _____ COLOR: _____

WINDOWS: _____ STYLE: _____ COLOR: _____

TRIM: _____ STYLE: _____ COLOR: _____

DOORS (FRONT) _____ STYLE: _____ COLOR: _____

DOORS: (OTHER) _____ STYLE: _____ COLOR: _____

SHUTTERS: _____ STYLE: _____ COLOR: _____

DRIVEWAY: _____ STYLE: _____ COLOR: _____

DRIVEWAY APRON: (Minimum 15 foot) _____ STYLE: _____ COLOR: _____

WALKS: _____ COLOR: _____

FENCE: _____ STYLE: _____ COLOR: _____

OTHER: _____ STYLE: _____ COLOR: _____

GARAGE DOOR: _____ STYLE: _____ COLOR: _____

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

UNVENTED GAS FIREPLACES AND EXPOSED METAL STACKS ARE NOT PERMITTED

DRAWING SUBMITTAL REQUIREMENTS (Checklist)

NOTE: IF THE FOLLOWING ITEMS ARE NOT PROVIDED WITH THE REVIEW SUBMITTAL, THE REVIEW WILL BE CONSIDERED INCOMPLETE AND WILL NOT COMMENCE.

SCHEMATIC REVIEW SUBMITTAL:

A: 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:

Initials: _____ a) All boundary lines and setbacks, easements and rights of way.

Initials: _____ b) Existing contours in two foot increments.

Initials: _____ c) The footprint of the home and driveway at the same scale as the drawing to show that the home fits the lot.

B: DESCRIPTION OF HOME

Initials: _____ A complete set of plans (floor plans & roof plan) and four primary elevations. Each drawing shall list the lot number

CONSTRUCTION DOCUMENT SUBMITTAL:

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

A complete set of plans and elevations, wall sections and details along with a full set of specifications (pages 7 and 8). 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, road edges and rights of way, lake buffer, ponds.
- b) Existing contours (dashed lines) and proposed finished contours (solid lines) noted at two-foot intervals for the entire 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) Drainage swales to show water is being directed to common drainage area and not adjoining lots.
- e) The front and closest side footprint of homes to the left and right of this home (only if on lake/pond lots).

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. Show X over trees proposed for removal.
- b) Tree protection measures.

Initials: _____ **EROSION CONTROL AND SITE MANAGEMENT PROPOSED DURING CONSTRUCTION**

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

Initials: _____ **PHOTOS:**

- a) At least two digital photos of the site, labeled as to view location and orientation.
- b) Detailed photos of any pre-construction damage to curbs and major damage to roadway.

Initials: _____ **LANDSCAPE PLAN:**

A copy of the Landscape Plan submitted with a legend identifying all landscape elements, pools, patios and fences. Note: Pools must be submitted as a separate review item.

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: _____

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.

USING 2" MINIMUM POLYETHYLENE FLAGGING TAPE, MARK THE LOCATION OF THE LOT LINE AND ALONG MAJOR WALLS OF THE HOME AND PROPOSED FINISHED DRIVEWAY.

INSTALL THE STONE CONSTRUCTION DRIVE WITH 2"-3" SURGE STONE. 50' LONG 20 FEET WIDE, 6" DEEP INSTALL THE SAMPLE BOARD. (THIS WILL NEED TO BE FULLY COMPLETE AND APPROVED PRIOR TO APPROVAL TO START CONSTRUCTION)

MARK TREES TO BE REMOVED OUTSIDE OF THE BUILD LINE (20 FEET FROM HOME) WITH FLAGGING TAPE. INSTALL THE SILT FENCE. DUAL FENCING WITH WIRE MESH BACKING REQUIRED ON STEEP SLOPES AND NEAR LAKES AND PONDS

INSTALL ORANGE FENCING FOR SPECIMEN TREES AND FOR WATER METER AND OTHER SERVICES

CALL FOR THE REMOVAL OF THE SANITARY CONNECTION BOX: 980-722-1804 (OR 1802)

PROVIDE PORTABLE TOILET PRIOR TO START OF ANY CONSTRUCTION WORK. DUMPSTER PRIOR TO FRAMING.

SUBMIT LIST OF SUBCONTRACTORS TO THE REVIEW PORTAL PRIOR TO FINAL APPROVAL. (Pages 5 and 6)

NOTE: ALL OF THE ABOVE MUST BE IN PLACE PRIOR TO BEGINNING ANY CONSTRUCTION ACTIVITIES.

Signature of Person Requesting Review: Date

2. REVIEW AT DRY-IN:

AT THE POINT THAT THE HOME HAS ROOFING, WINDOWS AND DOORS ARE INSTALLED, ALONG WITH THE HOUSE WRAP, THE OWNER OR THE BUILDER SHOULD NOTIFY THE ACC VIA THE REVIEW PORTAL 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 DRY-IN 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

(Note: There will be an additional fee charged for follow up visits due to incomplete set-up by GC)

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

(See Article 8 in the Guidelines)
SUBMIT THIS COMPLETED FORM TO:
Reflection Pointe HOA Board of Directors
c/o Assn Manager listed on Submittal One

Applicant must be the Builder of Record. The homes listed must be custom homes from custom plans prepared for an owner who contracted with the Builder of Record and who since the build has become the occupant of the home. All 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 North Carolina.

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

II. Initials _____ COMPANY BROCHURE IS ATTACHED OR WEBSITE: _____

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

HOME NUMBER ONE:

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 ARCHITECTURAL GUIDELINES EDITION DATED _____.

SIGNATURE OF CONTRACTOR MAKING SUBMITTAL: _____

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