



**Timber Lakes Property Owners Association
Architectural Control Regulations
BOND REFUND CHECKLIST FORM** Version 3.21.18

218 Timber Lakes Estates, Heber City, UT 84032
(435) 200-9888 office@timberlakesutah.com

Revised and approved by BOD – March 21, 2018
Effective March 21, 2018

LOT NUMBER _____	DATE _____
LOT OWNER _____	PHONE NUMBER _____
LOT OWNER MAILING ADDRESS: _____	
EMAIL _____	CITY _____ STATE _____ ZIP _____

ORIGINAL POSTED BOND AMOUNTS:

BOND REFUND AMOUNTS REQUESTED:

A.C.R. BOND _____

A.C.R. BOND _____

ROAD EXCAVATION BOND _____

ROAD EXCAVATION BOND _____

CHECKLIST Certified By

TLPOA OWNER

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Exterior materials and colors |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Dumpster removed |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Portable toilet removed |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Road and right-of-way excavation restored |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Driveway culvert(s) installed to guidelines |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Lot cleaned of all debris |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. No additional square footage or out-building(s) added |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Final Certificate of Occupancy from County |

IMPORTANT – PLEASE READ

As a condition of requesting the refund of my bond(s), I have read the CC&Rs, By-laws and Architectural Control Regulations of Timber Lakes Estates and agree that I have and will continue to obey and comply with all regulations therein. Furthermore, I recognize that I cannot engage in short-term rentals, conduct construction activities outside the established dates, or adapt, or change the exterior of my project without the express written authorization of the TLPOA, or I will be subject to fines and/or liens placed against my property.

LOT OWNER SIGNATURE:

DATE:

TLPOA REPRESENTATIVE SIGNATURE:

DATE:

Note: Any exceptions noted on this Form must be coordinated through the TLPOA Architectural Control Director, presented to the Board in a regularly scheduled BOD meeting and signed by at least five (5) Board Members to be valid.