



Timber Lakes Property Owners Association Architectural Control

Regulations **BOND REFUND CHECKLIST FORM** Version 3.21.18

1204 Ridgeline Dr. Heber City, UT 84032 (435) 200-9888 TLPOAMM@CSSHOA.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:

A.C.R. BOND _____

ROAD EXCAVATION BOND _____

BOND REFUND AMOUNTS REQUESTED:

A.C.R. BOND _____

ROAD EXCAVATION BOND _____

CHECKLIST Certified By:

TLPOA

OWNER

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | 1. Exterior materials and colors |
| ☐ | ☐ | 2. Dumpster removed |
| ☐ | ☐ | 3. Portable toilet removed |
| ☐ | ☐ | 4. Road and right-of-way excavation restored |
| ☐ | ☐ | 5. Driveway culvert(s) installed to guidelines |
| ☐ | ☐ | 6. Lot cleaned of all debris, including fallen trees |
| ☐ | ☐ | 7. Excess dirt disposed of |
| ☐ | ☐ | 8. No additional square footage or out-building(s) added |
| ☐ | ☐ | 9. 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.