

**Lake in the Clouds, P.O.A.
Schedule "B"
Construction Approval Certificate Application**

Contractor/Builder _____

Address: _____

City, State, Zip _____

Telephone () _____ Fax () _____

Property Owner Name and Lot # _____

Address: _____

City, State, Zip _____

Telephone () _____ Alt. # () _____

Dates Received:

Building Plans _____ Site Plan w/driveway location _____

Sewage Permit # _____ date received _____

Building Permit # _____ date received _____

Plot plan with location of pins _____

(property owner must sign and date to confirm pins are located and visible)

Exterior Color Scheme _____ Approx. sq. ft. living area _____

Drain Pipe required Yes ___ No ___ Size of pipe _____ (if yes)

LITC Building Fee (\$100.00) _____ Chk # _____

Insurance _____

Member in good standing YES ___ NO ___

Approved by _____ Date _____