

EXHIBIT D

Pre-construction Meeting Checklist
Springridge Reserve Subdivision Architectural Control Committee

Date: _____
Submitted By: _____
Contact Information: Phone: _____
E-mail: _____
Dated: _____
To Be Constructed on Lot: _____
Titled: _____

- 1. Owner: _____
- 2. Name of Contractor: _____
- 3. Owner's Deposit Received: _____

- Issues Covered:
- _____ Address sign
 - _____ Cleanliness
 - _____ Toilet Facilities
 - _____ Dust control
 - _____ Temporary structures
 - _____ Equipment unloading
 - _____ Driveway and lot access
 - _____ Vegetation control/Rock removal
 - _____ Framing Inspection
 - _____ Fire mitigation
 - _____ Construction hours
 - _____ Change requests
 - _____ Utility locates
 - _____ Utility trenches
 - _____ Blasting
 - _____ Off-street parking
 - _____ On-street parking
 - _____ Dogs
 - _____ Noise
 - _____ Water connections
 - _____ Exterior Water Meter provided and located on plans
 - _____ Sewer connections

*Contractor acknowledges he has read and understands, and agrees to abide by, requirements pertaining to Enforcement of these Design Requirements and Guidelines. Contractor acknowledges that he understands and agrees to abide by the provisions discussed here. Contractor:

Name _____

Signature _____

ACC Representative:
Name _____

Signature _____