INSPECTION REQUEST AND COMPLIANCE DEPOSIT REQUEST FORM

Homeowner:		Date:
Phone:	Email:	
Phase #: Lot #:	Eagle Crest Propert	y Address:
Date of ARC Approval:	Date	e of Certificate of Occupancy:
Check the appropriate box f	For the deposit you are request	ting:
Exterior Completion	n Inspection/\$1500 Deposit *	
☐ Final Inspection/ \$1	000 Deposit	
☐ Exterior Alteration/	Remodel Inspection/ \$200 D	eposit
☐ Adjoining Lot Acces	ss/\$700	
Make Check Payable to:		
Mailing Address:		
Homesite Owner Signature:		
*Attac	h a copy of the <u>Certificate of</u>	Occupancy (New Construction only)
Please return to the ARC:		
c/o Eagle Crest Managemer	nt	
P.O. Box 1215		
Redmond, OR 97756		
Email: arc@ridgeowners.org)	
Fax: 541-504-4351		
Phone: 541-548-9300		
	For Office U	Jse Only
Date Received:	Submitted by:	Received by:

EXHIBIT N