



**Starlight Pines Homeowners Association
Architectural Committee**

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APPENDIX B

**Part I
Deposit/Fee Received**

Date _____ Amount Received _____ Check No./Cash _____

Lot No. _____ Situs Address _____

Lot Owner _____ Mailing Address _____

Phone _____ City, State, Zip _____

County Permit Issuance Date: _____ Expiration Date: _____

Type of Deposit/Fee Received

- \$500 Construction Deposit
- \$500 Cleaning & Damage Deposit
- \$250 Addition/Lot Modification Cleaning/Damage Deposit (not requiring a County Permit)
- \$50 Non-refundable Review/Processing Fee

Check # _____ Date _____ Initial Received _____

Part II

**Owner's Request for Deposit Refund
Compliance Statement (CC&R Sections 3.4 & 3.21)**

(To be completed by Lot Owner/Owner's Agent and Architectural Committee)

I (Name of Owner), _____, request the refund of my Deposit in the amount of \$ _____ and warrant that in accordance with the *CC&Rs (Covenants, Conditions & Restrictions)* my Agents or I have completed all requirements. I request an inspection by the required minimum of two (2) Architectural Committee members.

Lot Owner _____
Date

Architectural Committee Member Inspector _____
Date

Architectural Committee Member Inspector _____
Date

Refund Approved in the amount of \$ _____ for the following reasons: _____

Refund Refused for the following reasons: _____