

**ARCHITECTURAL CONTROL COMMITTEE  
CHECKLIST FOR NEW HOME BUILDING**

\*Lot Number

\*Your Name

\*Current Address

\*Phone Number

Fax Number

E-mail

\*Date fees coordinated with Treasurer

\*Date Building Plans Submitted

Date Building Plans Approved

\*Foundation Type

\*Exterior Color (Paint Chip)

\*Fence Detail (If Any)

\*Builder:

Name

Address

Phone Number

\*Interim Financing:

Name

Address

Phone Number

\*Permanent financing:

Name

Address

Phone Number

Septic System:

\*Copy of Percolation Study

Septic System Contractor  
Name

Address

Phone Number

Copy of Septic System Permit

Water District Approval Letter

Water Approval Letter

Water Service

Date Water Service Order

Date Water Service Received

Electric Service

Date Electric Service Ordered

Date Electric Service Received

Propane (If Any)

Propane Installation Complete

***\* Data must be provided to the CCHOA Architectural Committee before building plans can be approved. Please mail one copy of this completed form to CCHOA***