



CANNONSGATE ARCHITECTURAL REVIEW
APPLICATION FORM ONE – FEE CHECKLIST

All fees must be paid before any submittals can be made to the Cannonsgate ARC. Do not attempt to submit an Application Form or any items for Architectural Review with this form. Once the HOA has verified payment you will be sent an email.

Cannonsgate Homeowner's Association, Inc.
c/o CCMC Post Office 5359, Emerald Isle, NC 28594, or deliver to
CCMC 7901 Emerald Drive, Suite 1, Emerald Isle, NC 28594
(Make checks payable to the Cannonsgate HOA, Inc.)

Complete the following registration information:

Lot Number: _____

Address:

Lot Owner:

Address:

City, State, Zip:

Registrant Name (primary contact if not Owner):

Registrant e-mail address:

Registrant Preferred Telephone:

(w/ area code) _____

Submitted by: (signature)

Print Name: _____ Title: _____



Indicate payments attached: (See Architectural Guidelines for Fee Schedule)

Initials _____ Homeowner's assessments paid to HOA for current year. Initial if you are current.

Initials _____ If you own a Boat Slip designate the number here: _____
Initial if you are current on your boat slip fees.

Initials _____ \$4,000.00 Construction Deposit **Paid by the Contractor** (Payment due with DD submittal)

Initials _____ \$1,500.00 Road impact fee, not refundable. **Paid by the Contractor** (Payment due with DD submittal)

Initials _____ \$2,000.00 Architectural Review Fee, not refundable (Payment due with DD submittal)

Initials _____ \$600.00 Schematic Design Review Fee, not refundable (Payment due with SD submittal)

Initials _____ \$300.00 Additional Plan Review Fee (if required)

Initials _____ \$250.00 Additional On-site Review (if required)

Initials _____ \$250.00 Plan Review for accessory structure (if submitted after DD Review)

Items Below To Be Completed By CANNONSGATE HOA Only

\$2,000.00 or \$ _____ Architectural Review Fee: 42-4210-000 Check #: _____

Date: _____ Paid By: _____ Owner _____ Contractor **NON-REFUNDABLE**

\$4,000.00 Construction Deposit: 21-2121-000 Check #: _____

Date: _____ Paid By: _____ Contractor **REFUNDABLE IF NO INCIDENTS**

Road Impact Fee \$1,500.00 42-4206-000 Check #: _____

Date: _____ Paid By: _____ Owner **NON-REFUNDABLE**

HOA Assessments Current? _____ YES _____ NO

Date: _____

Application Received By: _____ Date: _____