NEWHAVEN
Final Inspection

Form D

Lot:_____ Date: _____
Street Address: _____
_____

Builder:_____ Architect: _____
Address:_____ Address:_____
_____ _____

Phone:_____ Fax:_____ Phone: _____ Fax: _____

Buyer (if presale): _____ Landscape Architect: _____
Address:_____ Address:_____
_____ _____

Phone:_____ Fax:_____ Phone:_____ Fax:_____

Requested Date of Inspection: _____

I do herby certify in good faith that the contracted structure on said Lot conforms to the Newhaven Architectural Guidelines and the Construction Documents as approved by the ARC. All site work, landscaping, cleaning, removal of temporary utilities, and repair of damage to the right-of-way and common areas has been implemented. This constitutes a request for return of the construction deposit.

_____ _____
Builder's Signature Date

Submit to: Newhaven Architectural Review Committee
c/o Barnett Land Company
P.O. Box 2628
Peachtree City, GA 30269

FOR REVIEW COMMITTEE USE ONLY

File Number: _____ Date Received: _____ Due Out: _____

Pass Final Inspection:_____ Changes Required: _____
(see attached)