Application fo	or Approved Build	er	Date:	Lot #
Builder Name:				
Builder Address: _		City:	ST	-: Zip:
Email:		Website:		
	n as an Approved Build Design Review Commit	_	ks please submit	the below items to the
☐ A notarized Af	ffidavit of Qualification	ns		
☐ A notarized Af	ffidavit of Understandi	ng		
☐ Proof of Gene	ral Liability Insurance,	both per occurren	ce and aggregate.	
-	es of homes completed ling the project addres			<u> </u>
☐ A portfolio of	relevant work for revie	ew by Developer ar	nd DRC	
DRC ACTION	□ Approved	🗆 🗅 🖸	Disapproved	

** See attached comments from the DRC



Affidavit of Understanding

Contact Information

Instructions: To be completed by the builder and submitted as part of the Sovereign Oaks Approved Builder Application.

Builder Na	me	:	NC Co	ontractor License #		-
Address: _			City:	ST:	Zip:	
I acknowle	edge	e and agree that:				
	1)	I have read and unders (CCR's), the Sovereign C Guidelines and will follo	aks Design Guide	elines and the Sovere	gn Oaks Construction	ons
	2)	When building in Soverand federal laws which			ance with all municipa	ıl, state
	3)	I understand that shoul the Sovereign Oaks Des right to be an approved	ign Review Comn	•	<u>-</u>	
(Name - type c	or pri	int clearly)	-	(Signature)		
Notary Pu	ıbli	c Information				
Sworn to (20		affirmed) and subscribed	before me on th	is the c	lay of	
(Official Seal)				(Signature of Notary)		
					, Notary P	ublic
				(Notary's printed or ty		
				My commission	expires:	



Affidavit of Qualifications

Contractor Information

Instructions: To be completed by the builder and submitted as part of the Sovereign Oaks Approved Builder Application.

Name:		NC Con	NC Contractor License #				
Address:		City:		ST:	Zip:		
I acknowl	edge	e and agree that:					
	1)	I currently have a valid North Carolina Gerattached hereto.	neral Contrac	tor's License. A c	opy of said license is		
	2)	My North Carolina General Contractor's Lie or under notice thereof in any jurisdiction.		t been revoked, s	suspended, debarred		
	3)	I have no pending claims or resolved claim Board or any other governing body within			neral Contracting		
(Name - type	or pr	int clearly)	(Signature)				
Notary P	ubli	c Information:					
Sworn to 20		affirmed) and subscribed before me on this	the	day of	,		
(Official Seal)			(Signature of	f Notaru)			
			(Signature of	•	, Notary Public		
				nted or typed name)	, Notary Fublic		
			My comm	ission expires: _			

