## GRANDE POINTE at Inlet Beach HOMEOWNER'S ASSOCIATION BUILDER APPLICATION FORM (version 04.23)

Name / Title:
Business Legal Name
Street Address/State/Zip Code:
Phone:
Email:
I have read, understand, and will comply with the Grande Pointe Design Guidelines (2022).
Builder Signature:
CORPORATE OFFICERS
Name / Title
Florida Certified Builder:
Contractor's License #:
State / County
License Expiration Date
How long has the firm been in business?
# residential units the firm has built and completed in the five (5) most recent years?
List five (5) Walton County homes most recently constructed by the firm by address:

## Financial Considerations: 1) Is the firm, officers or principals in default on any loans or involved in any type of foreclosure proceeding (YES \_\_\_ NO \_\_\_) 2) Is the firm currently a defendant in any suits or legal action? (YES \_\_\_ NO \_\_\_) 3) Have any complaints been filed against the firm with the Better Business Bureau, Bureau of Consumer Protection or any other consumer agency? (YES \_\_\_ NO \_\_\_) 4) Has the firm or any of its officers/principals or other firms with whom they have been affiliated ever filed for bankruptcy or been adjudicated as bankrupt within the last seven (7) years? (YES \_\_\_ NO \_\_\_) 5) Is the firm a Florida corporation, partnership or sole proprietorship? (YES \_\_\_ NO \_\_\_) 6) Are any of the firm's officers / principals licensed real estate brokers or salesmen? (YES \_\_\_ NO \_\_\_) As an authorized agent, the undersigned submits the preceding information and attachments as being true and correct and authorizes Grande Pointe Homeowner's Association to utilize such information as may be deemed necessary and prudent. The undersigned further certifies that they have read the Design Code for Grande Pointe at Inlet Beach (2022).

## PLEASE ATTACH THE FOLLOWING:

(SIGNATURE)

1. <u>PROOF OF INSURANCE</u> NAMING GRANDE POINTE HOMEOWNER'S ASSOCIATION AS A 'CERTIFICATE HOLDER'

(DATE)

(TITLE)

2. LIST OF AT LEAST THREE (3) REFERENCES

## This form should be mailed or emailed to:

Emerald Coast Association Management Inc. Jean Clason, CAM, Association Manager 10221 Emerald Coast Parkway West, Ste. #5 Miramar Beach, FL 32550 (850) 654-8660 x203

> Email: <u>jclason@ecam.net</u> Web Page: <u>www.ecam.net</u>