

XXXIV. Exhibit T – Architect and Contractor Qualification Applications

1. Wild Heron Architect Qualifications:

“A duly licensed Florida architect who has a clear understanding of the ARB’s Architectural Review Criteria requirements (ARC), been approved by the ARB by submitting all applications and forms required by the ARC and having met all criteria required to design homes in Wild Heron. Criteria includes, but is not limited to, demonstrating sufficient skill and expertise in architectural design that is in keeping with the intent of the ARB and conforms to the “Coastal Craftsman” style of design, as interpreted by the ARB.”
By signing this application, I agree that I have read the Architectural Review Criteria located on mywildheron.com and that I agree to abide by all requirements of this document.

PLEASE COMPLETE THE FOLLOWING:

Name of Company _____

Business Address _____

City, State, & Zip _____

Phone /Email: _____

Contact _____

Type of Organization (check one)

- _____ Individual or Sole Proprietorship
- _____ Professional Corporation/Association
- _____ Corporation

* If joint venture or other, give details:

GENERAL INFORMATION (please provide responses on separate attachment)

- a. Names of Principals
- b. Registration Status
- c. Firm Size
- d. CADD Capabilities and Software Release
- e. Comparable Local Experience

- f. List and Size of Comparable Project
- g. Current Work Load
- h. Proof of Liability Insurance
- i. List of Claims or Suits (case style and location) against you or entity you own or operate within past 5 years, including all current claims.
- j. List of related Professional Services (Structural, Mechanical, Electrical, Etc.)

REFERENCES:

Financial

Name _____
 Contact _____
 Phone _____

Developers

Name _____
 Contact _____
 Phone _____

Three Completed Residential Projects: Please provide the following on separate page:

Name
 Email address
 Phone
 Residential address of project

Respectfully Submitted,

Dated at _____ this _____ day of _____.

By (signed) X _____

Title _____

Witness _____ Date _____

Below to be completed by a Notary Public

_____ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____ My Commission Expires _____