

**Common Interest Community Board
 TIME-SHARE BUILDING STATUS FORM**

Applicants are required to complete this form if all promised units, incomplete units and common elements comprising the time-share project described in the recorded time-share instrument and the public offering statement plats and site plans are not complete.

1. Name of Time-Share Project _____
2. Name of Developer _____
3. Email Address _____
4. Select **one** of the following and provide the information below about the Developer.

☐ Business Federal Employer Identification Number (FEIN)*

-

Federal Employer Identification Number (12-3456789)

* State law requires every applicant, who is not a sole proprietor, to provide a federal employer identification number. Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

☐ Developer's Social Security Number **or**

- -

Social Security or Virginia DMV Number (123-45-6789)

☐ Virginia Department of Motor Vehicles Control Number*

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Status of the following:

5a. Zoning compliance _____

5b. Site plan _____

5c. Building permit _____

5d. Site preparation and building construction _____

5e. Sewage disposal unit _____

6. What is the estimated cost of completion of the proposed improvements? _____

7. What is the contract price (if any) with the general contractor? _____

8. Provide the source of the construction funds and the amount from each source:

		Construction Loan*				
Source	Amount	Loan Commitment	Proceeds Not Yet Disbursed	Funded?	Capital** Contribution	Loan Commitment

* Attach a copy of the construction loan commitment

** Attach a financial statement or other evidence documenting the availability of the necessary funds

9. Completed by: _____ Title: _____

Signature _____ Date _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		0515	