



**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)\* 

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 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** 

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

\* 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:

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

\* 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 <b>1020</b>	ENTITY #	FILE #/LICENSE # <b>0515</b>	ISSUE DATE
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