



**NATIONAL BUILDERS CONTROL,
A DIVISION OF CHICAGO TITLE COMPANY**
1110 E. MAIN STREET • ALHAMBRA, CALIFORNIA 91801
(626) 281-8883 FAX (626) 281-7202
<http://www.nbc-inc.com>

JOB NUMBER

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LENDER'S JOB INFORMATION

LENDER INFORMATION		Wednesday, May 08, 2019	
LENDER'S NAME:			
LENDER'S ADDRESS:			
LOAN OFFICER & TITLE:			
PHONE:		FAX:	
E-MAIL DRAWS TO (LIST EMAIL ADDRESSES):			
BORROWER INFORMATION			
BORROWER'S NAME:			
AUTHORIZED SIGNATURES:			
BORROWER'S ADDRESS:			
BORROWER'S PHONE:		FAX:	
BORROWER'S CELL/PAGER:		EMAIL:	
CONTRACTOR INFORMATION			
CONTRACTOR'S NAME:			
AUTHORIZED SIGNATURES:			
CONTRACTOR'S ADDRESS:			
CONTRACTOR'S PHONE:		FAX:	
CONTRACTOR'S CELL/PAGER		EMAIL:	
CONTRACTOR'S LICENSE #:		TAX ID#:	
JOB INFORMATION			
FUNDING SYSTEM:		<input type="checkbox"/> VOUCHER <input type="checkbox"/> CO-SIGN <input type="checkbox"/> DRAW <input type="checkbox"/> SITE VISIT ONLY <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> OTHER _____	
RETENTION REQUIRED BY BANK:		<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> OTHER _____	
RETENTION IMPLEMENTATION:		<input type="checkbox"/> SET UP RETENTION BUDGET FROM EACH LINE ITEM TO CREATE BC99 <input type="checkbox"/> HOLD UNCLASSIFIED @ THE END OF THE CONSTRUCTION LOAN	
COST REVIEW REQUIRED:		<input type="checkbox"/> YES <input type="checkbox"/> NO FEE _____ IF YES, PLEASE PROVIDE THE FOLLOWING TO NBC ASAP AND ALLOW TWO WEEKS FROM RECEIPT OF ALL ITEMS FOR COMPLETION: <input type="checkbox"/> FULL SET OF BLUEPRINTS IN PDF <input type="checkbox"/> CONSTRUCTION COST BREAKDOWN TOTALING CONSTRUCTION AMOUNT IN XL FORMAT <input type="checkbox"/> CONSTRUCTION CONTRACT <input type="checkbox"/> CONSTRUCTION SCHEDULE	
FUNDING SIGNATURES REQUIRED:		<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> OTHER _____	
PAYEE LIST REQUIRED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB TYPE (# UNITS AND TYPE):			
JOB ADDRESS:			
BANK LOAN AMOUNT:	\$0.00	LOAN TERMS:	MONTHS
CONST. AMOUNT NBC MONITORS:	\$0.00	LOAN NUMBER:	
NBC SERVICE FEE:	\$0.00	% RATE:	
NOTES:		CONST TIME:	MONTHS

PLEASE FURNISH THE FOLLOWING TO NBC:
PLANS: <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A <input type="checkbox"/> ELECTRONIC FORMAT
COST BREAKDOWN (XL PREFERRED): <input type="checkbox"/> NBC FORM <input type="checkbox"/> CUSTOM <input type="checkbox"/> SOV/AIA
<input type="checkbox"/> PRELIMINARY TITLE REPORT _____
<input type="checkbox"/> CONSTRUCTION CONTRACT <input type="checkbox"/> N/A OWNER/BUILDER
<input type="checkbox"/> CONTRACTOR W-9 _____
<input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP/CORP INFO. _____
<input type="checkbox"/> CONSTRUCTION SCHEDULE, IF AVAILABLE

FOR NBC USE ONLY			
JOB NUMBER			
JOB NAME			
MAP PAGE		PHOTOGRAPHER	
SITE MAP PDF	<input type="checkbox"/> YES <input type="checkbox"/> NO	CODES:	<input type="checkbox"/> SOV <input type="checkbox"/> SV <input type="checkbox"/> % <input type="checkbox"/> PSS <input type="checkbox"/>
SET UP DATE			
SERVICE AGREEMENT	<input type="checkbox"/> E-MAIL <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> DELIVER <input type="checkbox"/> PICK UP <input type="checkbox"/> MAIL	<input type="checkbox"/> RECEIVED <input type="checkbox"/> FEE RECEIVED	
COST ANALYSIS	<input type="checkbox"/> RECEIVED		
MONTHS OF SERVICE			
VOUCHER PACKAGE	<input type="checkbox"/> OVERNIGHT <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP	DATE:	