

**NOTICE OF COMPLETION FORM**

ASSOCIATION NAME: \_\_\_\_\_

**Owner Section**

Today's Date: \_\_\_\_\_

*I hereby certify that all work has been completed and done in compliance with the approved plans, specifications and conditions.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address where work took place: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Type of Work:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Room Addition          | <input type="checkbox"/> Hardscape                     | <input type="checkbox"/> Awning                | <input type="checkbox"/> Deck                  |
| <input type="checkbox"/> Gate                   | <input type="checkbox"/> Landscape                     | <input type="checkbox"/> Playground Equipment  | <input type="checkbox"/> Fence / Wall          |
| <input type="checkbox"/> Trees                  | <input type="checkbox"/> Painting                      | <input type="checkbox"/> Satellite             | <input type="checkbox"/> Shutters              |
| <input type="checkbox"/> Screen Door            | <input type="checkbox"/> Front Door                    | <input type="checkbox"/> Garage Door           | <input type="checkbox"/> Drains                |
| <input type="checkbox"/> Pool/Spa/Water Feature | <input type="checkbox"/> Gazebo / Arbor                | <input type="checkbox"/> Patio Cover / Trellis | <input type="checkbox"/> Interior Modification |
| <input type="checkbox"/> Fireplace / Firepit    | <input type="checkbox"/> Built-in BBQ, Grill, Fire Pit | <input type="checkbox"/> Outdoor Structure     | <input type="checkbox"/> Exterior Modification |
| <input type="checkbox"/> Solar Panels           | <input type="checkbox"/> Windows                       | <input type="checkbox"/> Basketball Backboard  | <input type="checkbox"/> Air Conditioner       |
| <input type="checkbox"/> Other _____            |  |  |  |

*Please attach full color photographs of the work covered under this submittal and return along with this form within 30 days of completion of all work.*

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**FOR ARCHITECTURAL COMMITTEE USE ONLY**

The Architectural Review Committee has inspected the improvements and recommends the following:

- APPROVED:** Final inspection is complete, and the owner is in substantial conformance with the approved plans
- DISAPPROVED:** Homeowner is **not** in substantial conformance with the approved plans. Homeowner shall complete/modify/remove the items noted below. After all items have been corrected, resubmit to FirstService Residential for a second request for final inspection. See attached comments.

Reasons for Non-Approval: \_\_\_\_\_

Authorized Signer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signer(s) \_\_\_\_\_ Date: \_\_\_\_\_