

Wolf Creek Maintenance Corporation

ARCHITECTURAL PROJECT NOTICE OF COMPLETION

(Pictures must be submitted with Notice of Completion for Review by the Design Review Committee.)

Name(s) of Owner: _____
Print Name

Print Name

Telephone Number: _____

Type of Improvement Completed: _____

Project Address: _____

I or We the owner(s) of the above property do hereby state that the subject project was completed in accordance with the approved Plans and that no changes or alterations were incorporated.

Signature of Owner Date

Signature of Owner Date

For Committee Use

Date of Final Inspection: _____

Property is in: _____ Compliance _____ Non-Compliance

Reason(s):

Architectural Control Committee Signatures:

Member: _____
Print Name Signature Date

Member: _____
Print Name Signature Date

Member: _____
Print Name Signature Date