

**LA CRESTA PROPERTY OWNERS ASSOCIATION
ARCHITECTURAL PROJECT
NOTICE OF COMPLETION FORM**

Name(s) of Owner: _____

Print Name

Print Name

Telephone Number: _____

Type of Improvement Completed: _____

Project Address or APN: _____

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 Committee Signatures:

Member: _____

Print Name

Signature

Date

Member: _____

Print Name

Signature

Date

Member: _____

Print Name

Signature

Date