STARLIGHT RIDGE SOUTH
HOMEOWNER'S ASSOCIATION
ARCHITECTURAL PROJECT NOTICE OF COMPLETION

Name(s) of Owner: _____
Print Name

_____
Print Name

Telephone Number: _____

Type of Improvement Completed: _____

Project Address: _____

PLEASE SUPPLY A PHOTO OF THE COMPLETED IMPROVEMENT.

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