

**PARK PASEO HOMEOWNERS ASSOCIATION
NOTICE OF COMPLETION FORM**

Date: _____ **PPHOA Property Address:** _____

Applicants Name: _____ **Signature:** _____

Daytime Phone: _____ **Evening Phone:** _____

Type of work that was completed: _____

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FOR ARCHITECTURAL COMMITTEE USE ONLY:

Inspection after completion of improvement(s)

APPROVED

DISAPPROVED

The following action is required for the Notice of Completion to be approved by the Architectural Committee:

Inspector's Signature: _____ **Date:** _____