



## NOTICE of COMPLETION – Architectural Improvement

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Address

\_\_\_\_\_  
Architectural Meeting Date – Final Review

\_\_\_\_\_  
Email Address

### This Notice of Completion is for the following home project noted below:

Please check all that apply.....

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Front Yard Landscaping                          | <input type="checkbox"/> Rear Yard Landscaping                               | <input type="checkbox"/> Sunroom        | <input type="checkbox"/> Greenhouse                 |
| <input type="checkbox"/> Gazebo  | <input type="checkbox"/> Patio Cover   | <input type="checkbox"/> Arbor          | <input type="checkbox"/> Front Door                 |
| <input type="checkbox"/> Fence Install <input type="checkbox"/> Addition | <input type="checkbox"/> Swimming Pool                                       | <input type="checkbox"/> Shed           | <input type="checkbox"/> Deck                       |
| <input type="checkbox"/> Overhang  | <input type="checkbox"/> Security Door/Screen                                | <input type="checkbox"/> Walkway Stain  | <input type="checkbox"/> Spa/Hot Tub/Jacuzzi        |
| <input type="checkbox"/> Garage Door                                     | <input type="checkbox"/> Driveway Stain <input type="checkbox"/> Alterations | <input type="checkbox"/> Alterations    | <input type="checkbox"/> Trellis                    |
| • Exterior Paint   | <input type="checkbox"/> Solar Panels (Plans must be from Installer)         | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Yard Art (fountains, etc.) |
| <input type="checkbox"/> Whole Home                                      |  | <input type="checkbox"/> Play Equipment |   |
| <input type="checkbox"/> Trim/Accent Only                                |  |   |   |
| <input type="checkbox"/> Other: Specify: _____                           |  |   |   |

☐ all of the work is completed or;

☐ a portion of the work was completed;

Please specify: \_\_\_\_\_

By signing below, I agree the project was completed in accordance to Architectural Committee's and/or Board of Directors written approval and the guidelines of the Association's Architectural Rules.

My signature below certifies the project was completed on the \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Dated

**Please return completed form to:**

**Dawn Scott**  
**WOCA • ARC Coordinator**  
**The Management Trust**  
**PO Box 1459**  
**Folsom, CA 95763**  
**dawn.scott@managementtrust.com**



**The Management Trust™**  
OWNER INSPIRED. CHALLENGE ACCEPTED.