

**THE VILLAGES ASSOCIATION NUMBER TWO
ARCHITECTURAL PROJECT
NOTICE OF COMPLETION FORM**

(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