NOTICE OF COMPLETION

OAKLEY GREEN ARCHITECTURAL REVIEW COMMITTEE

OWNERS NAME: _____ **PHONE:**_____

UNIT ADDRESS: _____ **UNIT NUMBER:** _____

E-MAIL: _____ **ALT. OR CELL PHONE:** _____

CONTRACTOR: _____ **PHONE #:** _____

DATE ALTERATION OR IMPROVEMENT COMPLETED: _____

PROJECT DESCRIPTION: _____

_____

By my signature below, I confirm that the improvements and/or alterations have been completed in accordance with the approved *"Request For Alterations Or Improvements for Oakley Green COA Application"* dated _____, and that, if applicable, modifications to the irrigation system were completed by the Master Association Contractor and not by the unit owner. Attached is their conformation of completion, if applicable.

By my/our signature below, as Unit Owners, I/we also confirm the understand that the maintenance, repair and/or replacement of and insurance for these alterations, or improvements is my/our responsibility in accordance with the Declaration of Condominium, Article XIV MAINTENANCE AND ALTERATIONS, and any amendments thereto or duly adopted rules of the Board of Directors and shall be binding upon the us, our heirs, executers, administrators, successors, and assigns.

_____ _____

UNIT OWNER(S) SIGNATURE DATE SIGNED

RETURN THIS COMPLETED FORM TO THE ARCHITECTURAL REVIEW COMMITTEE WITHIN 7 DAYS OF PROJECT COMPLETION

ARCHITECTURAL REVIEW COMMITTEE

Date Received:_____ Date Reviewed: _____

Adherence to approved project Yes_____ No_____

Comments: _____

_____

_____

Reviewed By: _____ Date: _____

Referred to Board Date: _____

Forwarded to Management to File (Board) Date: _____

Issued: 3/26/2020