THE VILLAGES COMMUNITY ASSOCIATION ARCHITECTURAL PROJECT NOTICE OF COMPLETION FORM

Please supply color photos of the completed project to tarc2@avalonweb.com

Name(s) of Owner:					
()	Print Name				
	Print Name				
Telephone Number	:				
Type of Improvement	nt Completed:				
Project Address:					
		property do hereby pproved Plans and tl			
Signature of Owner			Date		
Signature of Owner			Date		
		For Committee Use			
Date of Final Inspec	ction:				
Property is in: Compliance		npliance	Non-Compliance		
Reason(s):					
Architectural Contro	ol Committee Sig	natures:			
Member:					
Print Nan		Signature		Date	
Member: Print Nan		Signature		Date	
Member:Print Nan	ne			Date	