

**CALIFORNIA TRADEWINDS
HOMEOWNER'S ASSOCIATION**

ARCHITECTURAL PROJECT NOTICE OF COMPLETION

*Please supply photos of completed improvements along with this form

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