



The Community Association Of Bernardo Heights

NOTICE OF COMPLETION

DATE: _____

PICTURE(S) OF THE COMPLETED PROJECT MUST BE SUBMITTED WITH THE NOTICE OF COMPLETION.

Notice is hereby given that:

Name: _____ of

Address: _____

Local Neighborhood Name: _____

attests that the work or improvement on the property stated above was COMPLETED ON:
_____, in accordance with the Architectural
Committee's written approval for **(description of approved work performed):**

Signature of Owner: _____ Date

Please sign and forward this form to your management company for the final Architectural inspection.

NEIGHBORHOOD NAME: _____

ARCHITECTURAL INSPECTION

(To be completed by the neighborhood Architectural Committee Member)

INSPECTED BY (Neighborhood Architectural Committee Member):

(PRINT NAME) (SIGNATURE)

DATE: _____ CONFORMS TO PLANS _____ YES _____ NO

COMMENTS

16150 Bernardo Heights Parkway / San Diego, CA 92128

Phone—858.451.3580 | Fax—858.451.6509

Website—www.bernardoheights.org / Email—bernardo.heights@associa.us

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