

**KINGSLEE HEIGHTS HOME ASSOCIATION ARCHITECTURAL
CONTROL COMMITTEE FINAL INSPECTION FORM**

Name _____

Unit # _____

When the work proposed by your approved application for external repairs or changes to your unit dated _____ for _____ is completed, please call _____ chairman of The Architectural Control Committee at _____, to schedule a final inspection of the work by two members of that committee.

Final approval granted, _____ Date _____
(ACC Chairperson)

(ACC Member)

Approval granted subject to _____

ACC Chairperson _____ Date _____

ACC Member _____

NOTE: ALL PROPOSED WORK MUST BE COMPLETED WITHIN SIX MONTHS OR AS SPECIFIED ON THE DATE SHOWN ABOVE. IF WORK IS NOT COMPLETED, A NEW APPLICATION AND APPROVAL WILL BE REQUIRED BEFORE ANY ALTERATIONS CAN BE MADE TO THE UNIT.

Doc#014

June. 2005