



LAKE SHASTINA PROPERTY OWNERS ASSOCIATION

16320 Everhart Drive Weed Ca 96094 Voice 530-938-3281 Fax 530-938-4739

NOTICE OF COMPLETION NEW HOME CONSTRUCTION, ADDITIONS OR MODIFICATIONS REQUEST FOR DEPOSIT REFUND

OFFICE USE ONLY

APPLICATION # _____
ECC MEMBER _____

DATE _____ UNIT# _____ LOT# _____

OWNER NAME _____ TELEPHONE _____

PROJECT LOT ADDRESS _____

PROJECT DESCRIPTION _____

I request final inspection from Lake Shastina Property Owners Association of the above project. I understand that an additional \$50.00 re-inspection fee will be charged if the project is not ready for inspection, (**including property pins**) does not comply with plans approved or is currently in violation with any Articles of the CC & R. I affirm that I am the original depositor of all deposits and am hereby entitled to the refund. I understand all deposits are interdependent and will be retained by LSPOA until Final plan compliance is approved and project conforms to CC & R.

Depositor's name: (print) _____ Telephone: _____

Depositor's signature: _____ Date: _____

Depositor's mailing address: _____

Must be sent to the Association office with the top filed in and executed for deposit refund to be processed

OFFICE USE ONLY

Environmental Control Committee: Inspected By: _____ Date: _____

APPROVED: _____ DENIED: _____ Final inspection check list attached or on back.(ECC approval date _____)
Plan changes need to be filed by owner to update approved plans for file Yes _____ No _____

Comments: _____

Re-inspection: Inspected By: _____ Date _____ Charge \$ _____

APPROVED: _____ DENIED: _____ Final inspection check list attached or on back.(ECC approval date _____)

Public Works: Applicable _____ Not Applicable _____ Drainage Final Date _____

Sewer Final Date: _____ Water Final Date: _____ Driveway Apron Final Date: _____