TRAVERSE MOUNTAIN MASTER ASSOCATION

NOTICE OF COMPLETION

Please fill out and return this sheet once the work is complete.

Owner Name: _____

Property Address: _____

Subdivision: _____ Lot: _____ COE or Possesion of Home: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

On the _____ day of _____ _____ the Minimum Rear Yard Landscaping requirements were completed in accordance with approved plans by the TMARC which includes:

☐ Sod / Plantings ☐ Rear Property Fencing ☐ Grading, all drainage is retained on the lot

On the _____ day of _____ _____ the Improvement(s) on the described Property was (were) COMPLETED in accordance with the plans and submittal package, which was approved by the TMARC on _____ (date)

(Please list) The completed Improvement(s) is (are): _____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Owner(s) Date

TMARC or Compliance Officer Use Only (NOTES):

_____

_____

_____

_____

EXHIBIT C