

ARCHITECTURAL CONTROL BOARD

COMPLETION FORM

CHECK THE APPLICABLE BOX:

COMPLETION OF WORK TO CORRECT A VIOLATION

COMPLETION OF AN APPROVED ALTERATION

OWNER'S NAME _____ **DATE** _____

ADDRESS _____ **LOT NUMBER** _____

PHONE NUMBER _____

DATE OF VIOLATION NOTICE OR APPLICATION APPROVAL _____

NATURE OF WORK COMPLETED _____

DATE OF COMPLETION _____

NAME OF PERSON OR COMPANY COMPLETING THE WORK _____

ACB INSPECTION:

DATE _____

SIGNED _____