

**STONELAKE MASTER ASSOCIATION
ARCHITECTURAL REQUEST – NOTICE OF COMPLETION**

Owner Name: _____

Property Address: _____

Phone: (_____) _____ Email: _____

On the _____ day of _____, the improvement(s) on the above mentioned property has been completed in accordance with the plans and submittal package approved by the Architectural Committee.

The completed improvement(s) is (are): _____

Owner Signature

Date

**This form must be submitted to Management within 60 days from the completion of
your improvement.**