Oakridge Estates

ARCHITECTURAL COMPLETION FORM

Name _____ Address _____

Mailing address (if different) _____

Phone: Cell _____ Home _____ Work _____

Email address: _____

Brief description of project work completed _____

_____

_____

_____

_____

_____

_____

_____

_____

Completion date _____

Owner's Signature _____ Date _____

The intent of this request form is to maintain consistency throughout Oakridge Estates Community Assoc. and compliance with our governing documents. This form is not a substitute for any permits required by the City, County, or State. Any modifications to landscaping should not interfere with proper drainage through your lot or through the tract in general. All work is subject to inspection by the Association.

ARCHITECTURAL REVIEW COMMITTEE INSPECTION

☐ Approved ☐ Disapproved ☐ Other

Comments:

_____

_____

_____

_____

By _____ Date _____ Oakridge Estates Comm. Assoc. Architectural Review Committee

After the Architectural Review Committee has reviewed your completed project and has signed this form, the Management Company will mail you a copy for your records.

Mail, email (care@pmpmanage.com), or deliver requests to:

Property Management Professionals, LLC, 515 Marin St., Suite 404, Thousand Oaks, CA 91360-4117

(805) 642-2400