

EXHIBIT 'C'
NOTICE OF COMPLETION FORM
LAKE HILLS RESERVE HOMEOWNERS ASSOCIATION

Today's Date: _____ Tract #: _____ Lot #: _____
 Address Where Work Took Place: _____
 Mailing Address: _____
 Daytime Phone: () - _____ Evening Phone: () - _____
 Email Address: _____

Notice is hereby given that the undersigned is the owner of the property where the work took place and that the work was completed on the date specified below:

Date Work Was Completed: _____
 Applicant's Name: _____ Applicant's Signature: _____
 (Please Print)

Please provide the following documents in order that the Notice of Completion may be reviewed.

Photographs of everything completed on the property.

Copy of approved stamped plans (and any approved revised/amended plans) (verify if Management retained an extra copy of the approved and/or revised plans before submitting).

(Do Not Write Below Line. This is to be completed by Architectural Review Committee Only)

Committee Comments:

Submittal

Submittal

NOT APPROVED

APPROVED WITH CONDITIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1st | 2nd | 3rd | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incomplete Submittal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Require Additional Information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checklist |

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| 1st | 2nd | 3rd | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community CC&R's |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notes on Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance Evaluation Review Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter Dated _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completion of Neighbor Awareness Form |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completion of ARC Application Form |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Consultant Signature:

 Signature (1st Submittal)

 Date

 Signature (2nd Submittal)

 Date

 Signature (3rd Submittal)

 Date