

**EAGLE BEND WEST COMMUNITY ASSOCIATION, INC.**

**Form #5** **APPLICATION FOR FINAL INSPECTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Form #5 Prepared | Click or tap to enter a date. | Date DRC Received |  |

|  |  |
| --- | --- |
| Requested Date for Inspection by DRC: | Click or tap to enter a date. |

**Provide the following Owner information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Street Address | Phone # | E-mail | Lot # |
| Owner | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*IF OWNER IS NOT MAKING SUBMISSION, PROVIDE ‘OWNER AUTHORIZATION FORM’ (Appendix #2) TO AUTHORIZE A DESIGNEE TO ACT AS AGENT ON BEHALF OF OWNER.*

I certify the completed project’s approved construction / landscaping plans and specifications represent the “as built” condition, including any approved modifications. Construction has been completed and all work done conforms to State, County and Local Codes and Eagle Bend West standards.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Owner or Authorized Agent

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Contractor *(if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Montana Licensed Architect *(if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Landscape Architect *(if applicable)*

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|  |  |
| --- | --- |
| Amount Deposit Returned |  |
| Amount Deposit Withheld |  |

Comments:

|  |  |  |
| --- | --- | --- |
|  | | |
| Signed: |  |

Design Review Committee