



EAGLE BEND WEST COMMUNITY ASSOCIATION, INC.

**Form #5 APPLICATION FOR FINAL INSPECTION**

Date Form #5 Prepared \_\_\_\_\_ Date DRC Received \_\_\_\_\_

Requested Date for Inspection by DRC: \_\_\_\_\_

**Provide the following Owner information:**

	Name	Street Address	Phone #	E-mail	Lot #
Owner					

*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