

Fox Hill Estates

APPLICATION FOR FINAL INSPECTION

PLEASE COMPLETE AND SUBMIT TO TRUE NORTH MANAGEMENT

Date Prepared _____ Date Received _____

Street Address _____

Lot # _____

Owner: _____

Requested Date for Inspection: _____

Description of Project Requesting Inspection:

I certify that Construction has been completed and that all work done conforms to State, County and Local Codes and is in accordance with the Approved Plans granted by the Committee and meets Fox Hill Estates Homeowners Association CC&R's standards as approved.

Signed: _____ Date: _____

Owner or Authorized Agent

.....
Deposit Returned { }

Deposit Withheld { }

Comments: _____

Signed: _____

Architectural Committee

- 30 2nd St. E, Suite B 25, Kalispell, MT 59901
- Phone: 406.890.0502 – E-mail | foxhill@truenorthmanagementmt.com