



Oceanside Community Association
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ARCHITECTURAL COMPLETION

Return this form to the OCA office upon completion of the project.

Homeowner (print) _____ Unit _____ House # _____

Email _____ Phone (_____) _____

Briefly describe the nature of the work performed _____

The improvement work on the above property was COMPLETED on ____/____/____
in accordance with the Architectural Committee's review and the Board of Director's
written approval of the homeowner's plans and submittal package.

Signature _____ Date ____/____/____

Arch Cmt Use

Inspected by _____ Date ____/____/____

____ Meets OCA's current CC&Rs

____ Does not meet OCA's current CC&Rs due to the following _____

Follow-up Action _____
