| | Contractor |
|----------------------|-------------|
| Owner: | |
| Phone: | |
| Email: | Email: |
| Type of Improvement: | |
| | |
| | |
| | |
| | |
| APPROVED | DISAPPROVED |
| ARB Comments | |
| | |
| | |
| | |

□ APPROVED _____ □ DISAPPROVED _____

Minor Improvement Final Inspection

Second Inspection (If Necessary):

Date Received ______ Property File _____