



PROPERTY MANAGEMENT | DEVELOPMENT

A Davis Real Estate Company

Architectural Review Committee Request

Date _____

Community Name _____

Owner's Name _____ Unit/Lot # _____

Owner's Address _____

Owner's Phone _____ E-mail _____

I would like to make the following change(s):

DETAILS OF PROPOSED CHANGES (Attach Specifications)

Work will be performed by (include name, address, and phone number)

(If a licensed contractor, attach a copy of their city business license, state contractors license and insurance certificate.)

Type of Materials to be used: _____

Estimated time for completion: _____

Homeowner's Signature

Date

Association Manager

ARC ACTION:

- ____ Plan Accepted
- ____ Plan Accepted with Specific Conditions
- ____ Plan Denied with Explanation
- ____ Pending

DATE _____

BY _____

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