



PROPERTY MANAGEMENT | DEVELOPMENT

A Davis Real Estate Company

Architectural Review Committee Request

Date _____

Property 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 (Please be sure to provide a plot, drawing, or aerial view of your home showing your proposed changes as well as supporting documentation)

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

Post Office Box 5539
Greenville, South Carolina 29606-5539
Office: (864) 467-1600 Fax: (864) 467-1600
E-mail: info@nhe-inc.com

ARC ACTION:

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

DATE _____

BY _____