

N& H ENTERPRISES, INC. Real Estate Management & Development

Architectural Review Committee Request

Date	
Property Name	
Owner's Name	Unit/Lot #
Owner's Address	
Owner's Phone E-ma	il
I would like to make the following change(s):	
DETAILS OF PROPOSED CHANGES (Attach Specification	ns)
Work will be performed by (include name, address, and phore	
(If a licensed contractor, attach a copy of their city business l insurance certificate.)	icense, state contractors license and
Type of Materials to be used:	
Estimated time for completion:	
Homeowner's Signature	ARC ACTION:Plan AcceptedPlan Accepted with Specific ConditionsPlan Denied with ExplanationPending
Date	DATE
	BY

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