



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-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 _____

ARC ACTION:

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

DATE _____

BY _____

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