

Belhaven Parc Homeowner's Association, Inc.

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 _____