

## ARCHITECTURAL CHANGE REQUEST Homeowners Submittal Form

Date Requested: Project Start Date:			
		Approx. Completion Date:	_
Homeowner Name:			
Address:			
Lot Number:			
Home Telephone:	Mobile Telephone:		
Email Address:			
Category of Improvement:	(Check One)		
Attach photograph, bro Written proposal of ide Grading/Landscaping p Submit list of materials Submit type of approve	s, and change of site plan chure, or sketch of proposed cha a/change lan to be used		
Please submit all paperwork i 30 days to receive notification	n from committee.	Light Property Management PO Box 8046 Spartanburg, SC 29305	
**Please do not fax or end Date Received by A.R.C.	na11***	(864) 585-2525 Phone	

## Architectural Submission Check List

•	Builder's Deposit Paid?	
•	Square Footage:	
•	# of Stories:	
•	Type of Foundation:	 _
•	Basement: Yes No	
•	Roof Pitch:	
•	Material for Roof	
•	Garage – how many cars	

## **Architectural Review:**

Every owner who submits requests to the ARC Committee for approval agrees by submission of such plan and specifications that they will not bring any action or suit against the Association, its Board, the ARC Committee or Light Property Management.