Beech Hill Owners Association, Inc.

ARCHITECTURAL REVIEW COMMITTEE/BOARD OF DIRECTORS

APPLICATION FOR ALTERATIONS AND ADDITIONS

NAME:		
ADDRESS:		
CONTACT: PHONE: E	MAIL:	
REQUEST FOR APPROVAL (Please provide a det form, please include measurements, location o form to Arnold Spell, Allenton Management, Poarnolds@allenton.com	f your house and requested impro	ovement shown). Send completed
ESTIMATED STARTING DATE:ESTI	MATE COMPLETION DATE (Within	n 90 days):
I have read a copy of the Beech Hill Covenants members of the ARC/Board of Directors to insp response no later than 30 days after application	ect my property, if needed. Hom	_
OWNER(S)' SIGNATURE:		Date
the Board of Directors, they reserves the right to list the names of all neighbors whose properties rear, and across the street, from your property whether you have spoken to them regarding you	s border yours, including propert (when applicable). Next to their i	y owners on both sides, to the
NAMES:		YES NO
1		
2		
3		
Do not write below this line, Board use only		
Date Received by Allenton Ea		within Guidelines
Date Received by ARC Da	te ARC Reviewed	Approved
Approved with conditions		
Disapproved (reason)		
Approved by		