

Date:		
Change Request Form	ns must be submitted to the ARB Administrator at least 7	days prior to the next scheduled ARB
	nples and/ or designs and permits (if applicable) must be	
_	B approval. The Architectural Review Board meets the 2 ⁿ approval, The Architectural Review Board meets the 2 ⁿ	
the deddine for the d	peching meeting is missed, your request win be on me	agenda at the next available meeting.
	OWNER INFORMATION	
Name		
Address		
Lot Number		
Home Phone		
Cell Phone		
E-Mail		
DESCRIPTION		
(Attach revised or marked-up plans if necessary)		
♦ OWNER	◇ OWNER'S AGENT	♦ BUILDER
		ARB STANDARDS
APPLICANT'S SIGNAT	TURE	· · · · · ·
	Rose Hill Plantation, Property Owners' Assoc 1 Rose Hill Way, Bluffton, SC 29910	riation
	D) 0.40 757 0.450 D) 0.40 757 0.451	

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