## RIDGECREEK HOMEOWNERS ASSOCIATION

Architectural Committee Approval Request Form

Name:	Address:			
Phone:	Date Submitted:			
Description of Work:				
Worked to be done by licensed contractor (circle one)		Yes	No	
If yes, Please include Name, Business Lic	ense and Contractors Licens	e number:		
Work to be done by homeowner (circle one)		Yes	No	
Drawings/Specifications submitted with this request (circle one)		Yes	No	
Forms can be hand delivered to Ray Amr 1952 Irmo, SC 29063 or by placing in ma		_		Office Box
For Committee Use Only:				
Received by:		Date:		
Approved by:		Date:		
Denied by:		Date:		
Comments:				
Signature:		Date:		
Printed name of signature:				