

REQUEST FOR CHANGE OR ADDITION

Date: _____ Owner's Name: _____

Telephone _____ Address: _____

Request: _____

Description of Materials: _____

Size/Height: _____ Style: _____

Plot Plan Attached: ___ Yes ___ No Sketch: ___ Yes ___ No

Neighbors on Adjoining Properties:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Architectural Review Committee Response: _____

Note: A permit and inspection by the governing county or city may be required. Homeowner to be responsible for any easements or setback requirements.

ARC Representative: _____ Date: _____

Board of Director's Representative _____ Date: _____

Please mail to: Gasser Property Management, LLC
P.O. Box 1238
Nolensville, TN 37135

Or FAX to 615-501-0018

If you have any questions, call our office at 615-501-0017 or e-mail mwoods4354@aol.com or egasser@gasserhome.com