

CARE CHANGE ORDER FOR KEOWEE KEY

Unit/Lot	Date Submitted	CARE #
Address	Owner Name	Builder/Contractor Name

Request made by (check one)

Builder/Contractor Signature

Owner Signature

Nature of Changes

Reason for Changes

Attach revised drawings or sketch if applicable. Any change in footprint or elevation requires an updated survey.

Site Inspector Comments

CARE Comments

Approved by	Date
Disapproved by	Date
Date decision conveyed to: Owner, Contractor, SI, NCSC, CM (scanned & e-mailed)	