IMC CHARLESTON

Date Received:_____

Board Review:_____

The Villas of West Ashley HPR

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

PROPERTY INFORMATION: *This section must be completed.*

Property Address:_____

Name of Owner:_____

Mailing Address of Owner: _____

Daytime Telephone Number:_____

E-Mail or Alternate Contact Information:_____

PROPOSED IMPROVEMENT/ALTERATION: *Please check all that apply.*

☐ Fence	☐ Roof Replacement	☐ Screen Door
☐ Landscape	☐ Tree Removal	☐ Driveway Extension
☐ Paint Exterior	☐ Enclosed Porch or Patio	☐ Solar Panels

Other:_____

PROJECT DESCRIPTION AND DIMENSIONS:

Height/Depth _____ Width _____ Length _____

Material(s) to be used: _____

Manufacturer, Contractor or Installer: _____

IMC CHARLESTON, LLC
1 CARRIAGE LANE STE. C CHARLESTON SC, 29407
PHONE: 843-297-8590 FAX: 843-952-7192 WEBSITE: WWW.IMCCHARLESTON.COM

*** Please Note: Before submitting an ARC Application, please review your governing documents to ensure that your proposed modification/alteration does not expressly conflict with the governing documents and ARC guidelines of your community. Your community's governing documents can be found on the IMC Charleston website, www.imccharleston.com, or provided by request by contacting IMC Charleston. ***

DOCUMENTATION REQUIRED:

1. Copy of your plat or survey of your lot or residence. This information was given to you when you closed on your property. It can also be obtained from the city/county office of where you reside. This document will show the dimensions of the lot, the location of your house, other improvements on the lot and any easements.

2. Project drawn with pictures if possible, showing:
   a. location of the project on the lot.
   b. location of any trees affected by the project.
   c. for fences: size and location of gates, style of fences and gates and photo of the proposed style.
   d. for landscaping: location of proposed planting bed addition/extension, types of trees, shrubs and mulch/ground cover to be used.
   e. what finished project will look like.

Please mail, e-mail or fax the completed application with all required documents attached to:

The Villas of West Ashley
c/o IMC Charleston
1 Carriage Lane Ste. C100
Charleston, SC 29407
Fax: 843-952-7192
Email: Info@imcchs.com

AUTHORIZATION TO VISIT PROPERTY. Site visits to the property by the Association are essential to process this application. The Owner, as signed below, hereby authorizes the Association and/or Manager to visit and photograph the property referenced on this application.

APPLICANT'S AGREEMENT & SIGNATURE:
I have read my community's governing documents and believe I am in compliance with all Covenants and Restrictions. I also understand that it is my responsibility to verify all property lines, easements, and city and county codes and ordinances. I understand that any permits required will be obtained and posted. I understand that I can expect a response from the Association **30 DAYS** from the date the complete application is received. I will not begin any projects until written approval has been received by the ARC.

Owner's Signature:_____

Date:_____