



Date Received: \_\_\_\_\_

Board Review: \_\_\_\_\_

**East Bridge Lofts**  
**ARCHITECTURAL REVIEW BOARD 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.*

☐

Interior Renovation

☐

Paint Exterior

☐

Landscape

Other: \_\_\_\_\_

**PROJECT DESCRIPTION AND DIMENSIONS:**

Height/Depth \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

Material(s) to be used: \_\_\_\_\_

Manufacturer, Contractor or Installer: \_\_\_\_\_

\_\_\_\_\_

**\* Please Note: Before submitting an ARB Application, please review your governing documents to ensure that your proposed modification/alteration does not expressly conflict with the governing documents and ARB guidelines of your community. Your community's governing documents can be found on the IMC Charleston website, [www.imccharleston.com](http://www.imccharleston.com)\***

**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 with pictures (**HAND DRAWINGS ARE NOT ACCEPTABLE**) if possible, showing:
  - a. location of the project on the lot.
  - b. detailed plans or drawings including 3 views (front, top, side); must show architectural detail.
  - c. for landscaping: location of proposed planting bed addition/extension, types of trees, shrubs and mulch/ground cover to be used.
  - d. what finished project will look like.

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

East Bridge Lofts  
c/o IMC Charleston  
1 Carriage Lane Ste. C100  
Charleston, SC 29407  
**Fax:** 843-952-7192  
**Email:** [Info@imcchs.com](mailto: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.

The Architectural Review Board reserves the right to request more information to clarify this application. Installation prior to proper approval is not in accordance with the Association's Covenants, Conditions, and Restrictions.

Approval by the ARB does not in any way guarantee approvals by the City, County, or any such agencies and all such approval or permits are the responsibility of the applicant.

**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 ARB.

**Owner's Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_