



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

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

Date Approved/Denied: \_\_\_\_\_

## Homes of Hidden Oaks

### 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*

**Electrical**

Sheetrock replacement

- ☐ Joint or Common Wall
- ☐ Interior Perimeter Wall
- ☐ Ceiling

Plans Provided by:

- ☐ Architect under seal
- ☐ Engineer under seal

Other \_\_\_\_\_

**Plumbing**

Replacement of Flooring:

- ☐ Tile
- ☐ Hardwood or floating
- ☐ Carpet

Deck or Screened Porch

**HVAC**

Structural:

- ☐ Opening/Closing doorway
- ☐ Movement of interior wall
- ☐ Exterior Wall

**PROJECT DESCRIPTION and DIMENSIONS:**

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

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

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

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

**\*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), or provided by request by contacting IMC Charleston, LLC.\***

**DOCUMENTATION REQUIRED:**

1. Send one original, signed, completed application to IMC Charleston, LLC.
2. Attachments to the application:
  - a. Contract between owner and contractor and/or other vendors
  - b. Complete list of specifications and list of materials to be used
  - c. Copy of plat or sketch showing modifications or additions. A picture of the product with specifications is also acceptable.
3. Architect/Engineer sealed plans as appropriate
4. Work will be completed by (Company Name): \_\_\_\_\_
5. Estimated start date of project: \_\_\_\_\_
6. Estimated time to complete project: \_\_\_\_\_

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

Homes of Hidden Oaks  
c/o IMC Charleston  
1 Carriage Lane Ste C  
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. If the Board approves your request, you must then provide a full submittal to the Seabrook Island Architectural Review Board (843-768-0061). If approved by SI ARB, your contractor will need to obtain a Town of Seabrook Business License, permit from Charleston County, and Seabrook Island Contractors pass for all vehicles on-site. All permits MUST be posted outside the villa when work is being done. In addition, all debris must be cleaned and hauled away from the site each day. Garbage enclosures may not be used for disposal or storage of construction debris.

**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 will not begin any projects until written approval has been received by the ARB. I can expect a response from the Association within 30 days.

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

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