



ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

Please complete the application and forward, with all required documentation, to the Association Manager for processing. Please do not commence work until you receive written approval of your application from the ARB.

Applicant: _____

Property Address: _____

Owner, if different from Applicant: _____

Mailing Address of Owner: _____

Phone Number: _____ Email Address: _____

Application For: Porch Modification Fencing
 Driveway Maintenance/Repair Landscape Installation Exterior Maintenance/Repair

Other: _____

Please provide a description of what changes will be made. Applications must include lot survey, site plans, diagrams, color chips, material specifications, sample products, photographs and any information that will adequately describe the finished product. All landscaping plans must include the size, location, number and type of plants to be approved.

PROJECT DESCRIPTION and DIMENSIONS:

Height/Depth: _____ Width: _____ Length: _____

Material(s) To Be Used: _____

Manufacturer, Contractor or Installer: _____

Brief Summary/Description of Work: _____

Requested Start Date: _____ Approximate Completion Date: _____

DOCUMENTATION REQUIRED:

1. Application form signed by owner of property and applicant.
2. Plat with home site indicated and depicting measurements.
3. Two full sets of plans, drawings or illustrations (one set if submitted digitally).
4. Materials list to include color selections, make/model, pictures, etc.

Please mail, email or fax the completed application and all required documents to:

Lincolntonville POA

c/o IMC Charleston,

1 Carriage Lane Suite C.100

Charleston, SC 29407

Email: Info@imcchs.com

Fax: 843-952-7192

Please allow up to 30 days for processing this request.

** 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, or provided by request by contacting IMC Charleston. **

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 boundaries, and city/county codes and ordinances. I understand that any permits required will be obtained and posted. All work will be performed by persons licensed and insured. I will not begin any projects until written approval has been received from the ARB. I understand that I can expect a response from the Association within **30 days** after the completed application and all supporting documents have been submitted to IMC Charleston. I agree to have the project completed within **30 days** from the date of project approval. I also agree to notify the ARB when the project is completed so that final inspection can be performed of the completed project.

Owner's Signature: _____

Date: _____

THIS SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE

Request Received: ___/___/___ Date Approved: ___/___/___ Date Denied: ___/___/___

NOTES/COMMENTS: _____

By: _____

Architectural Review Committee