



Date Received: _____

Board Review: _____

Date Approved/Denied: _____

ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

Incomplete form will result in delayed review. Please include all required

PROPERTY INFORMATION:

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*

- Satellite Dish
- HVAC system
- Electrical Modification
- Plumbing modification
- Stepping Stones
- Miscellaneous (specify) _____

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 _____

**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. *

DOCUMENTATION REQUIRED:

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

**Park Recreational
Development**
c/o IMC Charleston
1 Carriage Lane Suite C 100
Charleston, SC 29407
Email: Info@imcchs.com

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: _____