Mariner's Cay Architectural Review Form				
Mariner's Cay Unit #	Application Date:			
Unit Owner's Name				
Unit Owner's Address				
Cell Phone #	Home Phone #			
Contractor's Name & SC License #				
Contractor's Business Folly Beach License#				
**City of Folly Beach require	es all permits to be displayed			
Description of Work to be Performed: Pleas	e give details & attach vendor specifications			
Does the work involve changes to any interior load by YesNo (If yes, you will be required to provide drawings and Do you have a fireplace and will it be removed during	a structural engineer's approved assessment.)			
Are windows or sliding glass doors being replaced w				
ARB Approval				
Date	**Valid for 6 months from date of approva			