



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

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

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

## Schieveling Plantation

### 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: \_\_\_\_\_

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**PROPOSED IMPROVEMENT/ALTERATION:** *Please check all that apply*

<input type="checkbox"/> Fence	<input type="checkbox"/> Enclosed Porch/Patio	<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Playhouse	<input type="checkbox"/> Landscape	<input type="checkbox"/> Lawn Art
<input type="checkbox"/> Paint Exterior	<input type="checkbox"/> Screen/Storm Door or Windows	<input type="checkbox"/> Cut Trees
<input type="checkbox"/> Addition	<input type="checkbox"/> Other: _____	

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**PROJECT DESCRIPTION and DIMENSIONS:**

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

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

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

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

Length of time needed to complete the project: \_\_\_\_\_

**\*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)); the Schieveling HOA website ([www.schievelingplantationhoa.org](http://www.schievelingplantationhoa.org)) or provided by request by contacting IMC Charleston.\*

**DOCUMENTATION REQUIRED:**

1. Copy of your plat or survey of your lot and 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 drawn to scale on the plat, with pictures if possible showing:
  - a. location of the project on the lot
  - b. location of any trees affected by the project
  - c. for fences: size and location of gates, style of fences and gates and photo of the proposed style
  - d. for landscaping: location of proposed planting bed addition/extension, types of trees, shrubs and mulch/ground cover to be used
  - e. for sheds: photo of the proposed shed with siding and roof type, colors and styles as well as foundation type if applicable
  - f. what finished project will look like

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

Schieveling Plantation c/o  
IMC Charleston  
1 Carriage Lane Ste. C100  
Charleston, SC 29407  
jessica@imchcs.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.

**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, city and county codes and ordinances and all applicable laws. I understand that any permits required are my responsibility obtain and post. I will not begin any projects until written approval has been received by the ARB. I understand that I can expect a response from the Association **30 days** from the date the complete application is received in IMC Charleston's office.

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

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