

White Gables



Date Received: _____

Board Review: _____

Date Approved/Denied: _____

White Gables 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*

Fence Enclose Porch/Patio Gutters/Downspouts Playhouse
Landscape Parking Pad Driveways, Walkways, Parking Pad Tree Removal
Paint Exterior Decorative Shutters Exterior Construction - attached/detached
Other _____

PROJECT DESCRIPTION

Material(s) to be used: _____

Manufacturer, Contractor or Installer: _____

*** 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:

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. Two (2) sets of professionally prepared plans for proposed additions and new construction. Must include floor plan, building materials, elevations, roof plan, etc.
3. 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. what finished project will look like.

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

White Gables
c/o IMC Charleston
1 Carriage Lane Suite C 100
Charleston, SC 29407

Fax: 843-952-7192
Email: 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.

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.

Owner's Signature: _____

Date: _____