



Date Received: _____

Board Review: _____

Date Approved/Denied: _____

FIELDVIEW HOMEOWNERS ASSOCIATION
Request for Architectural Review Board (ARB) Approval

SECTION 1 TO BE COMPLETED BY HOMEOWNER SECTION 1:

Name: _____ Date: _____

Address: _____ Daytime Phone: _____

Requested Start Date: _____ Evening Phone: _____

Approx. Completion Date: _____ Email Address: _____

Description of the Request:

Please note:

- Your application will not be considered complete and ready for review unless application is submitted with a property plat and details about your modification.
- Plat of the lot with additions, fencing, satellite dish location, etc. must be included with submission. Attach any other descriptive material that will support or explain the request. A plat is generally provided with your closing documents.
- **Please allow 30 days for processing.** You will receive an official letter in the mail with the decision.
- A follow-up inspection may/will be conducted within 30 days of project completion.
- Before digging you must call Palmetto Utility Protection Services (PUPS) 1-888-721-7877
- **This approval is limited to compliance with the Architectural Guidelines for the Fieldview Homeowners Association and does not imply compliance with the codes and regulations of the Town of Summerville. It is the responsibility of the homeowner to obtain any required permits and assure compliance with all local ordinances.**

I hereby request that the ARB review the above request. I agree not to begin work until I have written approval and to be responsible for ongoing maintenance and upkeep on the alteration or addition. Further, I agree all work will be in workmanship like fashion and comply with all building codes.

Owner Signature

Owner Signature

SECTION 2 TO BE COMPLETED BY ARB ONLY:

SECTION 2:

Date Received: _____

Request approved with the following conditions: _____

Request not approved for the following reason(s): _____

ARB Signatures: _____

Date of ARB Action: _____ Homeowner Notified: _____

Return Request To:
Mail: IMC Charleston, LLC
1 Carriage Lane Ste. C100 Charleston, SC 29407
Email: Info@imcchs.com
Fax: 843-952-7192