



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:**

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**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: [Jessica@imcchs.com](mailto:Jessica@imcchs.com)**  
**Fax: 843-952-7192**