

# Forest Edge



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

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

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

## Forest Edge 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*

Landscape

Enclose Porch or patio

Screen Storm Door

Paint Exterior

Fence

Windows

Addition

Other \_\_\_\_\_

### PROJECT DESCRIPTION and DIMENSIONS:

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

Other \_\_\_\_\_

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](http://www.imccharleston.com), or provided by request by contacting IMC Charleston. \***

**DOCUMENTATION REQUIRED:**

1. Copy of a rudimentary drawing in lieu of a plat, if the original plat isn't available. This document will show the dimensions of the lot, the location of your house.
  
2. Project drawn with pictures if possible showing:
  - a. location of the project.
  - 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, e-mail or fax the completed application and all required documents to:**

Forest Edge  
c/o IMC Charleston  
1 Carriage Lane Ste. C  
Charleston, SC 29407

**Fax:** 843-952-7192

**Email:** [Info@imcchs.com](mailto: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:** \_\_\_\_\_