



ANDOVER AT PARK WEST ASSOCIATION, INC.
Request form for the Architectural Review Board (ARB)
For any HOMESITE Modification

Date: _____ Lot#: _____ Phone: _____ Email: _____

Address: _____

Owner(s): _____

Describe Project: (attach additional sheets as necessary)

Start Date: _____ Anticipated Completion Date: _____

Building Permit #: _____ (Copy Attached)

_____ Date Submitted: _____

(Signature of owner required above)

=====

Attach the following for review:

1. Application fee of \$250.00 for a minor modification or \$500.00 for a major modification made payable to Andover at Park West (refundable after the final project inspection).
2. Plat showing location of project (fence, deck, shingle/roof repairs, etc.) with house, roof, driveway, property and setback lines.
3. Color photo or brochure, CAD drawing, detailed drawing etc. illustrating project with dimensions and materials.
4. Before construction (submitted with application) and after construction is completed color pictures are required.
5. Submit complete ARB package including copies of building permits for ARB review.
6. Approved projects must be completed within ninety (90) days of ARB approval. Homeowners must request an extension, in writing, if the approved project will not be completed within the allotted (90) days.

Mail the completed request form, sample(s) and other documentation to the mailing address at the bottom of this page. Color scans and photos attached to emails are preferred, and the actual samples of the material should be hand delivered to the address below. If the sample is too large or you have difficulty delivering the sample, please contact your Community Manager.

Please allow 2 – 4 weeks for review, and contact your Community Manager if you have not received a response within 4 weeks of your submission. ***If you believe your ARB request is an emergency or requires special handling/review, please include this information in your submission.*** Should you have any questions contact your Community Manager, Windee Little at the number below or via email at windee@imcchs.com.

IMC Charleston
1 Carriage Lane, Building C
Johns Island, SC 29457
Phone: 843-297-8590
www.IMCCharleston.com