

Townhomes of Kensington at Park West

ARB application #: _____
Date Received: _____
Date Approved/Denied: _____

ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

Incomplete form will result in delayed review. Please include all required documentation.

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*

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Enclose Porch or patio | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Playhouse |
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Lawn Art | <input type="checkbox"/> Screen Storm Door or Windows | |
| <input type="checkbox"/> Paint Exterior | <input type="checkbox"/> Cut Trees | <input type="checkbox"/> Addition | |

Other _____

PROJECT DESCRIPTION and DIMENSIONS:

Height/Depth _____ Width _____ Length _____ Other _____

Material(s) to be used: _____

Manufacturer, Contractor or Installer: _____

Other Information: _____

Length of time needed to complete project: _____

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. 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, location and style of gates and fence, and photos of the proposed style
 - Photos and images of both fence and gate
 - 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 or e-mail the completed application with all required documents to:

Townhomes of Kensington at Park West, Inc.
c/o IMC Charleston
1 Carriage Lane Ste. C100
Charleston, SC 29407
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 boundaries, and city/county codes and ordinances. I understand that any permits required will be obtained and posted. All work will be performed by persons licensed and insured. I will not begin any projects until written approval has been received from the ARB. I understand that I can expect a response from the Association within **60 days** after the completed application and all supporting documents have been submitted to IMC Charleston. I agree to have the project completed within **60 days** from the date of project approval. I also agree to notify the ARB when the project is completed so that final inspection can be performed of the completed project.

Owner's Signature: _____

Date: _____