Oak Bluff Homeowners Association



Date Received:
Board Review:
Date Approved/Denied:

Oak Bluff Homeowners Association

ARCHITECTURAL REVIEW BOARD APPLICATION

PROPERTY I	NFORMATION:	This section must be comp	oleted.	
Property Add	ress:			_
Name of Own	er:			
Mailing Addre	ess of Owner:			
Daytime Tele	phone Number:_			
E-Mail or Alte	rnate Contact In	formation:		
PROPOSED	IMPROVEMEN	T/ALTERATION: Plea	se check all that apply	
	Landscape	Enclose Porch or patio	Screen Storm Door or	
	Paint Exterior	Fence Other	Windows Addition	
PROJECT DI	ESCRIPTION at	nd DIMENSIONS:		
Height/Dept	h	Width	Length	
Other				
Material(s) t	o be used:			
Manufacture	er, Contractor o	r Installer:		

Phone: 843-297-8590 Fax: 843-952-7192 Website: www.IMCCharleston.com

* 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 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:

Oak Bluff Homeowners Association c/o IMC Charleston 1703 Ashley River Road Charleston, SC 29407

Fax: 843-952-7192

Email: whitney@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:	