IMC CHARLESTON

Date Received:_____

Board Review:_____

Date Approved/Denied:_____

Longleaf

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*

Fence Enclose Porch or patio Hot Tub Playhouse

Landscape Lawn Art Screen Storm Door or Windows

Paint Exterior Cut Trees 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, 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 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:

Longleaf
c/o IMC Charleston
1703 Ashley River Road
Charleston, SC 29407

Fax: 843-952-7192

Email: jessica@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:_____