



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

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

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

**The Club at Legend Oaks**  
ARCHITECTURAL REVIEW BOARD APPLICATION

**PROPERTY INFORMATION:** *Please complete entire form. Incomplete form will result in delayed review.*

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*

New Roof

Tree Removal

Deck/Porch/Patio/Addition

Fence

Siding/Window Replacement

Exterior Paint

Front/Storm/Garage Doors

Solar Energy Install

Landscaping

Miscellaneous (specify) \_\_\_\_\_

**PROJECT DESCRIPTION and DIMENSIONS:**

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

Material(s) to be used: \_\_\_\_\_

Manufacturer, Contractor or Installer: \_\_\_\_\_

Brief Summary/Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*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 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 Dorchester County Planning and Zoning Department. 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. what finished project will look like
3. For roof replacements, a sample of the shingle style, texture, brand name/manufacturer, and proper identification of the color **MUST** be provided. A link to the manufacturer's website (directly to the shingle you will be using, not just the manufacturer's homepage) is sufficient as well.

*IMPORTANT NOTE: APPROVAL BY THE ARCHITECTURAL REVIEW COMMITTEE DOES NOT CONSTITUTE APPROVAL BY LOCAL GOVERNING AGENCIES. IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT TO DETERMINE AND COMPLY WITH ALL GOVERNMENTAL REGULATIONS, STATUTES, CODES, AND ZONING REQUIREMENTS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE ANY PERMITS, INSPECTIONS, AUTHORIZATION, AND/OR PERMISSION FROM GOVERNMENT AGENCIES PRIOR TO WORK COMMENCEMENT. IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO PROTECT ALL ELEMENTS INSIDE THE ASSOCIATION EASEMENTS, AND TO RETURN ANY AREA DISTURBED BY THE INSTALLATION OF A MODIFICATION TO THE SAME STANDARDS AS PREVIOUSLY EXISTED. UPON COMPLETION WITH THE IMPROVEMENT, THE ASSOCIATION SHALL REVIEW AND DETERMINE THAT THE INSTALLATION IS IN COMPLIANCE WITH THE APPROVAL PROVIDED. IF THE IMPROVEMENTS ARE DEEMED INCOMPLETE OR FURTHER WORK IS NECESSITATED, APPLICANT SHALL BE PROVIDED WITH A DEADLINE FOR THE COMPLETION OF THE WORK. IF THE IMPROVEMENTS ARE NOT COMPLETED TO THE SATISFACTION OF THE ASSOCIATION WITHIN THE TIMELINES PROVIDED, THE ASSOCIATION MAY IMPOSE PENALTIES UNTIL COMPLETION OCCURS. A COPY OF THE COMPLETED REQUEST WILL BE EMAILED TO OWNER'S HOME ADDRESS UNLESS ANOTHER FORM IS REQUESTED BY THE OWNER.*

*ANY EXISTING OR PROPOSED INSTALLATION WITHIN AREAS DESIGNATED AS DRAINAGE AND OTHER EASEMENTS CARRIES WITH IT SOME RISKS TO THE OWNER. OWNERS WISHING AND APPROVED TO MAKE ANY MODIFICATIONS WITHIN DRAINAGE EASEMENTS DO SO WITH THE UNDERSTANDING, AGREEMENT, AND ACCEPTANCE OF THE FOLLOWING:*

- MODIFICATIONS WITHIN ANY EASEMENTS ARE SUBJECT TO REMOVAL BY ANY AUTHORIZED ENTITY OR MUNICIPAL AUTHORITY REQUIRING ACCESS INTO THE EASEMENT AREA. SUCH REMOVAL MAY BE COMPLETED WITHOUT PRIOR NOTICE TO THE OWNER.
- NEITHER THE DEVELOPER, BUILDER, ARC, POA, OR MANAGING AGENT ARE UNDER OBLIGATION TO REPAIR, RESTORE, OR REPLACE ANY OR PART THEREOF REMOVED OR

DAMAGED WITHIN AN EASEMENT.

- HOMEOWNERS ARE REQUIRED TO OBTAIN ENCROACHMENT PERMITS FROM LOCAL MUNICIPALITIES FOR FENCES CONSTRUCTED WITHIN DRAINAGE EASEMENTS.
- THIS DISCLAIMER AND THE ASSOCIATED ARC RULES WILL BE MODIFIED FROM TIME TO TIME.

**Please mail, e-mail or fax the completed application and all required documents to:**

The Club at Legend Oaks  
c/o IMC Charleston  
1703 Ashley River Road  
Charleston, SC 29407

**Fax:** 843-952-7192

**Email:** [derrika@imcchs.com](mailto:derrika@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 from the ARB. I should expect a response from the Association within **30 days** of the application being received at the IMC Charleston office.

**Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_