

Date Received:	
Board Review:	
Date Approved/Denied:	

KINGS FLATS ARCHITECTURAL REVIEW BOARD APPLICATION

PROPERTY INFORMATION : This section must be	e 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			
□ New Construction	☐ Painting ☐ Re-siding			
☐ Building Addition	☐ Roof, Door, Window Replacement or Additions			
☐ Removal of Exterior Structure	☐ Landscaping or Removal of Tree			
☐ Signage and/or Lighting	☐ Fence Installation or Removal			
☐ Parking, Paving	□ Deck or Screened Porch			
□ Other (please list)				

THORIZATION TO VISIT PROPERTY. Site visits to the property by the Association are essential to prospect application. The Owner, as signed below, hereby authorizes the Association and/or Manager to visit photograph the property referenced on this application. PLEASE COMPLETE THE FOLLOWING: ISend one original, signed, completed application to: IMC Charleston, 1 Carriage Lane Suite C 100 Charleston, SC 29407 or Fax: 843.952.7192 Attach list of materials to be used. Work will be completed by (yourself or company): Estimated time to complete project: For new construction/additions, send site plan and material/color samples. 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. I can expect a response from the Association within 30 days. Owner's Signature:	DESCRIBE PROPOSED IMPROVEMENT/ALTERATION : Please attached additional sheets if necessary. Fer and home additions require a copy of your home's plat.				
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