

Application for Architectural Review

Type of alteration (Check appropriate blank) _____ Construction _____ Landscaping

Name: _____ Lot# _____

Street Address _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Written description of construction (addition/alteration) to structure or existing landscaping: _____

Date work will begin: _____ Date work will be completed: _____

Copy of survey or plat showing location and size of modifications/additions attached: _____

Photo or drawing of modifications or additions attached: _____ Material list provided: _____

- All association dues must be paid up to date before your approval can be granted
- The committee has 20 days to review your request
- To avoid legal action, no work can start until your request is approved in writing
- You must submit your approved county permit. If you have any questions about county approval, please contact (803) 576-2140 (County Zoning Officer)
- Once your work starts, if you must stop for a period of time, you must notify the committee and you will need to resubmit another request before restarting project

Signature of homeowner _____ Date: _____

Date received by committee: _____

Status: Approved: _____ Disapproved: _____

Additional Information requested: _____

Board Member Signature: _____ Date: _____

Board Member Signature: _____ Date: _____

Board Member Signature: _____ Date: _____

Board Member Signature: _____ Date: _____