



Date Received: _____

Board Review: _____

Date Approved/Denied: _____

The Villages of St Johns Woods
 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*

<input type="checkbox"/> Fence	<input type="checkbox"/> Enclosed Porch/Patio	<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Playhouse	<input type="checkbox"/> Landscape	<input type="checkbox"/> Lawn Art
<input type="checkbox"/> Paint Exterior	<input type="checkbox"/> Screen/Storm Door or Windows	<input type="checkbox"/> Cut Trees
<input type="checkbox"/> Addition	<input type="checkbox"/> Other:	

PROJECT DESCRIPTION and DIMENSIONS:

Height/Depth _____ Width _____ Length _____ Other _____

Material(s) to be used: _____

Manufacturer, Contractor or Installer: _____

Other Information: _____

Length of time needed to complete the project: _____

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 or e-mail the completed application and all required documents to:

Villages of St Johns Woods
c/o IMC Charleston
545 Parkwood Estates Drive
Charleston, SC 29407
reviewapp@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, city and county codes and ordinances and all applicable laws. I understand that any permits required are my responsibility obtain and post. I will not begin any projects until written approval has been received by the ARB. I understand that I can expect a response from the Association **30 days** from the date the complete application is received in IMC Charleston’s office.

Owner’s Signature: _____

Date: _____