

Date Received:	
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## ARCHITECTURAL REVIEW BOARD APPLICATION

PROPERTY INFORMATION: Please complete entir	re 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)
Painting	Roofing
Driveway/walkway	Windows, Doors
Patio or Deck	Exterior Residence Alterations
Landscaping	Fencing
Outdoor Structures	Play Equipment or Structures
Tree Removal	Garden
Pool, Hot tub, or Spa	EV Charging Stations
Solar Panels	Other:
DD OVERST DESCRIPTION A DIMENSIONS	
PROJECT DESCRIPTION and DIMENSIONS:	
Description of Proposed Work/Changes:	<u> </u>

\*Please Note: Before submitting an ARB Application, please review your Covenants and Guidelines to ensure that your proposed modification/alteration does not conflict with the governing documents and guidelines of your community's governing documents can be found on the IMC Charleston website <a href="https://www.imccharleston.com">www.imccharleston.com</a>, or provided by request by contacting IMC Charleston\*

## **DOCUMENTATION REQUIRED:**

- 1. Copy of your plat or survey of your lot and residence. It can be obtained from the Dorchester County Planning and Zoning Department or here: <u>Plat maps</u>. This document will show the dimensions of the lot, the location of your house, other improvements on the lot and any easements.
- 2. Project indicated 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, manufacturer, and 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.

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

Legend Oaks Plantation c/o IMC Charleston 1 Carriage Lane Suite C.100 Charleston, SC 29407

Fax: 843-952-7192 -or- Email: Info@imcchs.com

**AUTHORIZATION TO VISIT PROPERTY**. Site visits to the property by the Association may be necessary to process this application. The Owner, as signed below, hereby authorizes the Association representatives to visit and photograph the property referenced on this application.

## **APPLICANT'S AGREEMENT & SIGNATURE:**

I have read HOA1's governing documents and believe I am in compliance with all Covenants and Guidelines. I also understand that it is my responsibility to verify all property lines, easements, 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.

Owner's Signature:_	Date:	
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## Links:

 $\frac{https://www.dorchestercountysc.gov/government/building-services}{https://www.dorchestercountysc.gov/government/planning-development/maps-gis}-plat maps <math display="block">\frac{https://www.dorchestercountysc.gov/Home/ShowDocument?id=7450\#:\sim:text=A\%20tree\%20twelve}{\%20inches\%20(12,values\%2C\%20and\%20quality\%20of\%20life.-Dorchester County: trees}$