



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

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

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

## ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

*Incomplete form will result in delayed review. Please include all required documentation.*

### PROPERTY INFORMATION:

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*

Satellite Dish

HVAV system

Electrical Modification

Plumbing modification

Stepping Stones

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

\_\_\_\_\_

### PROJECT DESCRIPTION and DIMENSIONS:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Requested start date \_\_\_\_\_ Approximate completion date \_\_\_\_\_

*\*Please allow up to 30 days for processing this request.*

**\*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:**

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

**Hidden River on the Ashley**

c/o IMC Charleston

1 Carriage Lane Suite C 100.

Charleston, SC 29407

**Email:**

[Info@imcchs.com](mailto:Info@imcchs.com)

**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 boundaries, and city/county codes and ordinances. I understand that any permits required will be obtained and posted. All work will be performed by persons licensed and insured. I will not begin any projects until written approval has been received from the ARB. I understand that I can expect a response from the Association within **30 days** after the completed application and all supporting documents have been submitted to IMC Charleston. I agree to have the project completed within **30 days** from the date of project approval. I also agree to notify the ARB when the project is completed so that final inspection can be performed of the completed project.

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

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