

# Summerville Place

## Architectural Review Board

### Request Form

TO: Summerville Place HOA  
C/O DRES  
PO Box 116  
St. George, SC 29477  
843-563-5005  
FAX: 843-563-5095  
**HOA2@dorchestersold.net**

FROM: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Type of modification, addition, improvement: \_\_\_\_\_

\_\_\_\_\_  
(Attach a drawing/picture with dimensions. )

Date Work will be completed by: \_\_\_\_\_ (estimate)

Cost of project: \_\_\_\_\_

Description of materials to be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will a waiver of community restrictions be needed? (Y) (N)

I have read the covenants and restrictions and agree to abide by them. I also understand it is my responsibility to verify all property lines and corners, utility easements as well as city and county codes. I will not begin this project until I receive permission from the ARB committee.

Signature of Homeowner: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

HOA /ARB Approve/Disapprove: \_\_\_\_\_ DATE: \_\_\_\_\_

Board Member Signature

Mail completed form and attachments to address/email above.

Important Information: IT'S THE LAW ....72 HOURS BEFORE YOU DIG, CALL 1-888-721-7877