

Arbor Walk

Architectural Control Committee Request

Name: _____ Request Date: _____

Address: _____ Day Phone: _____

_____ Night Phone: _____

E-Mail: _____

Nature of Request (draw your request on plat w/dimensions & attach) a copy of your plat showing all dimensions, & location of improvement must be attached to be considered complete.

Describe request:

IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR CONTRACTOR RECEIVES AND FOLLOWS THESE GUIDELINES.

I hereby request that the Architectural Control Committee review the above request. I agree not to begin work until I have written approval and to be responsible for the ongoing maintenance and upkeep on the alteration or addition. The upkeep responsibility will transfer to all future owners as well. Further, I agree that all work will be in workmanship like fashion and comply with all building codes.

IT IS YOUR RESPONSIBILITY TO GET APPROVAL FROM THE TOWN OF SUMMERVILLE (PHONE # IS 843-851-5200)

Owner

Before digging you must call:
Palmetto Utility Protection Services (PUPS)
1-888-721-7877 and give at least 3 days notice.

Owner

If joint ownership, both parties must sign.

Approved

Approval Date: _____

Disapproved

Board Member: _____

**Return form with drawing on plat to:
P O Box 116, St. George SC 29477**

Phone: 843-563-5005 EXT 16 Fax: 843-563-5095 or *HOA2@dorchestersold.net*

(Please allow 30 days for a response by the committee)

PLEASE ATTACH COPY OF PLAT TO REQUEST FORM