

Woodside at Waters Edge

Architectural Review Board Appearance Alteration Request

Section 1: to be completed by the owner:

This form must be submitted to **Property & Association Management of SC, Co., P.O. Box 395, Little River, SC 29566** (Phone: 843-399-6116 Fax: 843-399-0972) with the proper attachments to be acknowledge as received for Management to forward the request to the ARB Committee Chairperson. Any request not properly submitted will be returned to applicant. All requested approvals are valid for 60 Days of approval. Any approved items not completed within the 60 days, will be required to be re-submitted and approved again.

Lot#: _____ Date of Request: _____

Property Owner Name: _____ Phone#: _____

Address: _____ Email: _____

Description of proposed alteration (Attach all pertinent documents i.e.: Drawings, plot plans, etc):

Reason for Alteration:

Has any part of this request, in whole or in part, been made before? () Yes () No
If yes when? _____ Please provide paperwork associated with a former request.

Owner Signature: _____ Date: _____

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Section 2: to be completed by the Management Office:

Date received by Property Association Management: _____

Recipient Signature: _____

Date forwarded to ARB Chairperson: _____

Date returned from ARB Chairperson: _____

Property Association receiving signature: _____

File a complete copy of all documents in the following files. (This form should be included)

ARB File Copy-Date/Int. _____ / _____ Owner Lot File Date/Int. _____ / _____

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Section 3: to be completed by the ARB Chairperson

ARB Chairperson () Approves () Denies this request, on the following basis:

Signature of the ARB Chairperson