

**COLONIAL CHARTERS  
COMMUNITY MASTER ASSOCIATION**  
**Architectural Review Board Appearance Alteration Request**

**Section 1: Completed by home owner:**

This form must be submitted to Property & Association Management Co., Inc., PO Box 395, Little River, SC 29566 (Phone: 843-399-6116, Fax: 843-399-0972). Physical location is 2126 Highway 9E, Suite G4, Longs, SC 29568 (located in Parkway Plaze just across the street from the Colonial Charter Community entrance.) This form along with proper attachments to be acknowledged as received for Management to forward the request to the ARB Committee Chairperson or the members of the Board. Any request not properly submitted will be returned to the applicant. All requested approvals are valid for 60 days of approval. Any approved items not completed within 60 days, will be required to be re-submitted and approved again.

Lot#: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Description of proposal alteration (Attach pertinent documents, i.e., drawings, plot plans, etc.)

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

Reason for above alteration request:

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

Has any part of this request, in whole or in part, been made before? ( ) Yes ( ) No

If yes, when? \_\_\_\_\_ If yes, please provide paperwork associated with a former request.

Date signed: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

**Section 2: Completed by the Management Office:**

Date received: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Recipient signature: \_\_\_\_\_

Date forwarded to ARB Chairperson and/or Board Members: \_\_\_\_\_

Date returned to Management Office for action: \_\_\_\_\_ Recipient signature: \_\_\_\_\_

Complete copies of all documents to be filed as follows: (including this form)

ARB File Copy Date: \_\_\_\_\_ Initialed: \_\_\_\_\_ Owner Lot File Date: \_\_\_\_\_ Initialed: \_\_\_\_\_

**Section 3: Completed by ARB Chairperson / Board President:**

Date received: \_\_\_\_\_

Recipient signature: \_\_\_\_\_ Recipient signature: \_\_\_\_\_

( ) Approved ( ) Not Approved on the following basis: \_\_\_\_\_

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