

SIPOA ARCHITECTURAL REVIEW COMMITTEE

1202 Landfall Way
Johns Island, SC 29455
Tel. (843) 768-0061 Fax (843) 768-4317
www.sipoa.org

Request for Exterior Alteration/Improvement Conditional Approval

The following is to be completed and signed by the Property Owner. This form must be accompanied by all information as outlined in the Review Process for Exterior Alterations to Existing Dwellings procedure (see SIPOA Policies and Procedures §III.A).

Construction Location: _____ Application Date: _____

Block: _____ Lot: _____ TMS #: _____

Property Address: _____

Property Owner: _____ Contractor: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Email: _____ Email: _____

Proposed Work & Information Required (check one)

- | | |
|--|---|
| <input type="checkbox"/> Deck (site plan & material information) | <input type="checkbox"/> Recreational Equipment (location & photo) |
| <input type="checkbox"/> Demolition (completion timetable) | <input type="checkbox"/> Roofing (brand & color) |
| <input type="checkbox"/> Dock Construction (site plan & dock plan) | <input type="checkbox"/> Room Addition (site plan & elevations) |
| <input type="checkbox"/> Driveways/Walks (material information) | <input type="checkbox"/> Rot Repair (location & material information) |
| <input type="checkbox"/> Handicap Access (site plan & description) | <input type="checkbox"/> Screened Porch (site plan & description) |
| <input type="checkbox"/> Landscape/Removal (site/landscape plan) | <input type="checkbox"/> Siding (type & material, color) |
| <input type="checkbox"/> Lighting (locations & cut sheets of fixtures) | <input type="checkbox"/> Swimming Pool (site plan, product, fencing) |
| <input type="checkbox"/> Paint (brand name, product #, & color) | <input type="checkbox"/> Tree Trimming/Pruning (describe below) |
| <input type="checkbox"/> Patio (site plan & material information) | <input type="checkbox"/> Window Replacement (window details) |
| <input type="checkbox"/> Porch Enclosure (window details) | <input type="checkbox"/> Other (describe below) |

Description: _____

Fee Required: \$ _____ **Fee Submitted:** \$ _____ **Date:** _____

Signature of Applicant/Date

Approved by Architectural Review Administrator/Date

Conditions: _____

Deposit Required: \$ _____ **Deposit Paid:** \$ _____ **SS#/EI#:** _____

NOTE: Approval by the Architectural Review Committee (ARC) certifies that the plan meets the ARC standards regarding appearance and in no way certifies the quality, strength, accuracy, etc., of the building design. This approval is valid for 6 months from date of ARC approval. Application must be made to the Town & Charleston County for any required permits prior to commencing construction or other activity. Alterations to multi-family dwellings must be approved by the Property Manager prior to requesting ARC approval.