

**Central Commons Homeowners Association  
Architectural Review and Decision form**

*In accordance with the Association's documents and Architectural Review and Guidelines in the Covenants, Conditions, and Restrictions, I hereby apply for written approval to make the following exterior alterations or changes to my property.*

Request Date: \_\_\_\_\_

Received by: \_\_\_\_\_

**Information Complete - Sent to ARB** \_\_\_\_\_

**Information incomplete – Return to Owner** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Lot #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Homeowner's Association Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_

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*This form reflects the most often requested approval types. If you do not see a category that matches the nature of your request, please use the "Other Feature" section for your request.*

**Decks/Gazebos/Pergolas**

Location: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_ Height at Eaves: \_\_\_\_\_

Height off Ground: \_\_\_\_\_ Material: \_\_\_\_\_

(A lot payout showing the location of the proposed deck/gazebo/pergola along with a picture and a cross section view of the structure is required with this application.)

**Satellite Dish**

Location: \_\_\_\_\_ Height off Ground: \_\_\_\_\_ Size: \_\_\_\_\_

(Installation shall be on the rear of the structure or other location that minimizes visibility from the street or front of the residence. A lot layout showing the location is required to be included with this application.)

**Other Feature**

Feature Description: \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_ Height: \_\_\_\_\_ Material: \_\_\_\_\_

(A lot layout showing the location of the proposed feature along with a picture of the item is required with this application.)

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_

Architectural Review Committee Decision:

Approved       Conditional Approval       Denied

ARC requirements or comments on application (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Architectural Review Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As-Built Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note: Approval by the Architectural Review Committee does not constitute approval by local governing agencies. It is the sole responsibility of the applicant to determine and comply with all governmental regulations, statutes, codes and zoning requirements. It is the responsibility of the applicant to secure any and all permits, inspections, authorization, and/or permission from government agencies prior to work commencement. It is the applicant's sole responsibility to ensure that any work commencing is within the property limits and meets all building setback and easement restrictions.**

It is the applicant's responsibility to protect all elements inside the Association easements, and to return any area disturbed by the installation of a modification to the same standards as previously existed. Upon completion of the improvement, the Association shall review and determine that the installation is in compliance with the approval provided. If the improvements are deemed incomplete or further work is necessitated, applicant shall be provided with a deadline for the completion of the work. If the improvements are not completed to the satisfaction of the Association within the timelines provided, the Association may impose penalties until completion occurs.

All Architectural Review Control Request Forms will be reviewed within 30 days of receipt by the Committee. A copy of the completed request signed by a Committee member will be mailed to Owner's home address unless another form is requested by Owner.

Send Request To: Central Commons Homeowners Association

c/o Tanya Zealy

Community Management Group

349 Folly Road, Suite 2B

Charleston, SC 29412

Phone: (843) 795-8484 Fax: (843) 795-8482

**Review fee:** There is a \$75.00 Architectural Review Fee payable to Community Management Group. This fee is required upon submission of the Architectural Review Form. If payment is made by check, please include account number on check.