

Hollow Oaks Homeowners Association  
Request for ARB Approval of  
Home Improvement Modification - Fence

I. General Information

1. Owners Name \_\_\_\_\_ 2. Date of Request \_\_\_\_\_  
3. Home Address \_\_\_\_\_ Lot # \_\_\_\_\_  
4. Neighborhood \_\_\_\_\_ 5. Estimated Start Date \_\_\_\_\_  
6. Telephone Number (work) \_\_\_\_\_ (home) \_\_\_\_\_  
7. Email \_\_\_\_\_

II. Material Descriptions (attach drawings or photographs)

Post Style \_\_\_\_\_  
Post Cap Style \_\_\_\_\_  
Picket Style \_\_\_\_\_  
Length of Posts Apart and Fence Height \_\_\_\_\_  
Description of Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For fences, sheds, pools, TV dishes, landscape, porches and decks, gas tanks or other screening, **attach as sketch on a surveyor's plat** showing the addition/modification. Attach any other descriptive material that will support or explain request.

Requested start date \_\_\_\_\_ \* Approximate completion date \_\_\_\_\_

\*Please allow 30 days for processing this request.

To be completed by the ARB:

Date ARB received \_\_\_\_\_

ARB Action: Approved without conditions \_\_\_\_\_

Approved with the following conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not approved for the following reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARB signature(s) \_\_\_\_\_

Date ARB action \_\_\_\_\_ Date Homeowner informed \_\_\_\_\_

*Mail to: Hollow Oaks Homeowners Association  
349 Folly Rd. Suite 2-B  
Charleston, SC 29412  
or  
Fax: 843-795-8482*