

**APPLICATION FOR FENCE APPROVAL BY
ARCHITECTURAL REVIEW BOARD**

Please submit the following exhibits for review by the ARB:

Read all the material on the backside of this sheet regarding fencing provided in the Covenants & Restrictions and By-laws for Legend Oaks Plantation.

1. Surveyors plat of the Lot and residence with proposed fence location drawn to scale.
2. Locate all trees that will be affected by fence construction, if any.
3. Identify all gate locations and size.
4. Indicate location, height and style (material) of fences on neighboring property, if any.
5. Provide a picture or a drawing showing the elevation of the proposed fence, that is a sectional view of the proposed fence.
6. Complete the following and sign this application.

Owner: _____ Phone #: _____

Address: _____

Fence Height: _____ Style: _____

Stain/Paint/Natural: _____

I have read the above referenced material and submit the required exhibits for review by the Architectural Review Board.

Signature _____ Date _____

Community Management Group
349 Folly Road, Ste 2-B
Charleston, SC 29412
Phone: 843-795-8484 Fax: 843-795-8482
Email: kwestbury@cmgcharleston.com

**Legend Oaks Community Association
Request for ARB Approval of
Home Improvement or Modification**

Items 1 through 8 are to be completed by the Homeowner.

1. Name of Homeowner _____ 2. Date of Request _____

3. Home Address _____ 4. Telephone Number _____

5. Description of Request _____

6. For fences, pools, TV Dish, 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, which will support or explain request.

7. Requested start date _____* 8. Approximate completion date _____

*Please allow 30 days for processing this request.

To be completed by 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: Legend Oaks Community Association
349 Folly Rd. Suite 2-B
Charleston, SC 29412
Or fax to 843-795-8482