

Longford Place Homeowners Association
Request for ARB Approval of
Home Improvement 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, 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.

7. Requested start date _____ * 8. 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: Longford Place Homeowners Association

*Attn: Krista Westbury
349 Folly Rd. Suite 2-B
Charleston, SC 29412*

Or

Fax: 843-795-8482