

**NELLIEFIELD PLANTATION**  
**Architectural Control Committee Request**

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

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

\_\_\_\_\_ Night Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Nature of Request (draw your request on plat w/dimensions & attach) a copy of your plat showing all dimensions, & location of improvement must be attached to be considered complete.**

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

**ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING A FENCE. FOR ALL OTHER REQUESTS PLEASE ATTACH A DETAILED DESCRIPTION TO THIS FORM.**

Name of Fence Contractor \_\_\_\_\_

Contractor Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Type of Fence: SHADOWBOX OR STOCKADE, SCALLOPED OR STRAIGHT TOP.**  
**(Please refer to enclosed "Fence Guidelines" for height requirements)**

Fence Height: \_\_\_\_\_

**PLEASE INSTALL YOUR VERTICAL SUPPORTS JUST INSIDE YOUR PROPERTY LINE SO THAT YOUR FINISHED SIDING BOARDS ARE "RIGHT ON" THE PROPERTY LINE. BUTT UP TO OR ATTACH TO ANY EXISTING FENCE THAT YOU ARE SURE IS RIGHT "ON" YOUR COMMON PROPERTY LINE.**

**IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR CONTRACTOR RECEIVES AND FOLLOWS THESE GUIDELINES.**

I hereby request that the Architectural Control Committee review the above request. I agree not to begin work until I have written approval and to be responsible for the ongoing maintenance and upkeep on the alteration or addition. The upkeep responsibility will transfer to all future owners as well. Further, I agree that all work will be in workmanship like fashion and comply with all building codes

**IT IS YOUR RESPONSIBILITY TO GET APPROVAL FROM BERKELEY COUNTY (PHONE # IS 843-723-3800)**

\_\_\_\_\_  
Owner

Before digging you must call:

**Palmetto Utility Protection Services (PUPS)**

1-888-721-7877 and give at least 3 days notice.

\_\_\_\_\_  
Owner

If joint ownership, both parties **must** sign.

Approved

Approval Date: \_\_\_\_\_

Disapproved

Board Member: \_\_\_\_\_

**Return form with drawing on plat to:**

**Community Management Group**

**349 Folly Rd Ste 2B, Charleston SC 29412**

Phone: 843-795-8484 Ext 317 Fax: 843-795-8482 Email: kwestbury@cmgcharleston.com

(Please allow **30 days** for a response by the committee)

**PLEASE ATTACH COPY OF PLAT TO REQUEST FORM**

