

Pineland Heights Owner's Association

Request for ARB approval for Home Improvement or Modification

The following is to be completed by the Homeowner:

1. Name of Homeowner: _____
2. Date of Request: _____
3. Address of Property: _____
4. Phone: _____
5. Description of request: _____

Color: _____ Material: _____ Max. Height: _____

6. Please attach photos of existing condition for review. Include any photos, cut sheets, or web page printouts of the proposed modifications/additions. Supply a footprint drawing of the property showing the location of requested improvement.

7. Requested Start Date: _____

*8. Estimated Completion Date: _____

*** Please allow 30 days for processing this request:**

Signature of Homeowner: _____

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: _____

Please Submit To:

Pineland Heights Owner's Association

349 Folly Road; Suite 2B

Charleston, SC 29412

Fax: 843.795.8482