

The Retreat at Riverland 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 Numbers _____

5. Description of Request

6. Attach photos of existing condition for review. Include any photos, cut sheets, or web page printouts of the proposed changes/additions. Include 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 _____

General Guidelines:

YOUR COOPERATION PLEASE!

**** Construction Hours: 7:00 AM-8:00 PM Monday-Saturday ** ** Provide Daily Cleanup ****

*Deliver to: The Retreat at Riverland HOA
349 Folly Road, Suite 2B,
Charleston, SC 29412 OR fax 795-8482*