

# Sandpines Homeowner Association

## 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.**

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

**A. Name of Fence Contractor**

\_\_\_\_\_

Contractor Phone # \_\_\_\_\_ **Type of Fence:** \_\_\_\_\_ . 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.**

**B. Addition/Alteration:** \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR CONTRACTOR RECEIVES AND FOLLOWS ALL GUIDELINES AND APPROVAL CONDITIONS.**

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.

Owner \_\_\_\_\_

Before digging you must call:  
**Palmetto Utility Protection Services (PUPS)**  
1-888-721-7877 and give at least 3 days notice.

Owner \_\_\_\_\_

Approval/Disapproval Date: \_\_\_\_\_

If joint ownership, both parties must sign.

Disapproved  Approved

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

Return form with drawing on plat to:  
Community Management Group 349 Folly Road, Suite 2B, Charleston, SC 29412  
Phone: 843-795-8484 Fax: 843-795-8482

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