IVY GROVE ARCHITECTURAL COMMITTEE REQUEST

	Return Complete Packet to: Hinson Management, Inc. ATTN: Michell	o Rotonbough	Manager Use Only	
	michelle@hinsonmanagement.com			
HINSON	8499 Valley Falls Road (physical ad PO Box 160207, Boiling Springs, SC	,	Sent to committee	
Management, Inc.	Phone: (864) 599-9019 ext. 112	Received decision		
Email Address:				
	nent (Check all that apply)		TT T T	
□ Out Building/Shed		☐ Fence	Height	
□ Landscaping□ Addition	Patio/Screened PorchOther:		Style Color	
	Chowner to install all approved fencing in a manner that	ensures an adequat		
	entire property from the fence line to the property line.	It is also the proper		
	permission to attach to a neighboring fence	if applicable.		
Checklist of Items AR	<u>C</u> will need to proceed: **Requests will not be	sent to the commi	ttee for consideration without	
	tion included. If you have questions, please refer to			
	ion and dimensions of improvement indicated			
	Sketch of Improvement			
Written description	of improvement including materials, colors and	d sizes		
Contractor:		Phone Numb	oer:	
the architectural revie comply with all Feder utilities, and property li	pplicant understands that by completing this for ew committee and all decisions are final. It is un al, State, County, and Local codes. It is the appl nes. Approval is void if improvement is not star neighborhood's governing documents apply to c committee will not be return	derstood that the icant's responsib ted within ninety completion guide	e applicant is responsible to vility to locate all easements, y (90) days from the approval	
Homeowner Signature:			_ Date:	
	FOR BOARD OR COMMITTEE	USE ONLY		
APPROVED:			ate:	
DENIED:		D	ate:	
Notes:				

You must sign and date your request before submitting, electronic signatures are not accepted.	A visual representation of your requested improvement. This can be a drawing, picture form a brochure or an image from the internet.	Further information and an example on the following page	n, email s to the questing.	
PPROVED: FOR BOARD OR COMMITTEE USE ONLY DENIED: Date:	 Site Plan with location and dimensions of improvement indicated Photo, Brotue or Stech of Improvement Written description of improvement including materials, colors and sizes Contractor: Phone Number: By signing below the applicant understands that by completing this form he/she agrees to all guidelines set forth 1 the architectural review committee and all decisions are final. It is understood that the applicant is responsible for comply with all Federal, State, County, and Local codes. It is the applicant's responsibility to locate all easements, utilities, and property lines. Approval is void if improvement is not started within ninety (90) days from the approval date. Standards of the neighborhood's governing documents apply to completion guidelines. Items submitted to the committee will not be returned. Homeowner Signature: Date: 	Phone Number:	HBORHOOD> AI Ret Hinson Mi 8499 Valle PO Box 160 Phome	The Form
will be doing the work yourself, simply write "self" on this line.	improvement, include what you are requesting, where it will be placed and a description of what it will look like. Include the name and phone number for the contractor		Your contact information, so we can contact you with information regarding your request	

Architectural Committee Request Form Instructions

This guide will aid you in completing an Architectural Committee Request, incomplete requests will not be accepted. If you have any questions, contact your representative via the information on the top of the form. Requests will not be accepted by any third party.



Examples of Site Plan with location and dimensions of improvements indicated

