

CREEKSIDE MANOR ARCHITECTURAL COMMITTEE REQUEST



Return Complete Packet to:
Hinson Management, Inc ATTN: Allyson
Allyson@hinsonmanagement.com
 8499 Valley Falls Road (physical address)
 PO Box 160207, Boiling Springs, SC 29316
 Phone: (864) 599-9019 ext. 128

| Manager Use Only |
|-------------------|
| _____ |
| Received |
| _____ |
| Sent to committee |
| _____ |
| Received decision |

Property Address: _____
 Homeowner Name: _____
 Email Address: _____
 Phone Number: _____

Category of Improvement (Check all that apply)

- | | | | |
|--|---|--------------------------------|--------------|
| <input type="checkbox"/> Out Building/Shed | <input type="checkbox"/> Driveway/Parking | <input type="checkbox"/> Fence | Height _____ |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio/Screened Porch | | Style _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Other: _____ | | Color _____ |

It is the responsibility of each owner to install all approved fencing in a manner that ensures an adequate distance for future maintenance of said fencing and also the entire property from the fence line to the property line. It is also the property owner's responsibility to obtain permission to attach to a neighboring fence if applicable.

Checklist of Items ARC will need to proceed: **Requests will not be sent to the committee for consideration without all supporting documentation included. If you have questions, please refer to the instructions included with this form.**

- Site Plan with location and dimensions of improvement indicated
- Photo, Brochure or Sketch 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 by the architectural review committee and all decisions are final. It is understood that the applicant is responsible to 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: _____

| FOR BOARD OR COMMITTEE USE ONLY | |
|---------------------------------|-------------|
| APPROVED: _____ | Date: _____ |
| DENIED: _____ | Date: _____ |
| Notes: _____ | |
| | |
| | |

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.

The Form

<NEIGHBORHOOD> ARCHITECTURAL COMMITTEE REQUEST

Return Complete Packet to:
Hinson Management, Inc ATTN: Name
Name@hinsonmanagement.com
 8499 Valley Falls Road (physical address)
 PO Box 160207, Beaufort Springs, SC 29316
 Phone: (864) 599-9019 ext. 1##

Manager Use Only

Received _____

Sent to committee _____

Reserved decision _____

Property Address: _____

Homeowner Name: _____

Email Address: _____

Phone Number: _____

Categories of Improvement (Check all that apply)

| | | | |
|--|---|--------------------------------|--------------|
| <input type="checkbox"/> Out Building/Shed | <input type="checkbox"/> Driveway/Parking | <input type="checkbox"/> Fence | Height _____ |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Patio/Screened Porch | Style _____ | Color _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Other: _____ | | |

It is the responsibility of each owner to install all approved fencing in a manner that ensures an adequate distance for future maintenance of said fencing and also the entire property from the fence line to the property line. It is also the property owner's responsibility to obtain permission to attach to a neighboring fence if applicable.

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Contractor: _____ **Phone Number:** _____

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Homeowner Signature: _____ **Date:** _____

FOR BOARD OR COMMITTEE USE ONLY

APPROVED: _____ **Date:** _____

DENIED: _____ **Date:** _____

Notes: _____

Where to return your form, email is preferred, and contact information for your representative.

Check any box that applies to the improvements you are requesting. You may request multiple projects in one packet if they will be completed at the same time.

Further information and an example on the following page

A visual representation of your requested improvement. This can be a drawing, picture form a brochure or an image from the internet.

You must sign and date your request before submitting, electronic signatures are not accepted.

Your contact information, so we can contact you with information regarding your request

If you are requesting a fence, indicate the height, style and color here

Describe your requested 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 completing the project. If you will be doing the work yourself, simply write "self" on this line.

