

## Architectural Review Committee Application

Property Management Services  
3690 Bohicket Rd Suit 2A  
Johns Island, SC 29455  
E-mail: [cheryl@charlestonpms.com](mailto:cheryl@charlestonpms.com)

**Date Received:** \_\_\_\_\_

**Board Review:** \_\_\_\_\_

### BARBERRY WOODS DESIGN APPLICATION

Note: Homeowners should complete this form in its entirety and return it to the Association Manager. Homeowners are responsible for complying with the community's governing documents and requirements of ALL applicable City and County Codes and Ordinances.

**PROPERTY INFORMATION:** *This section must be completed.*

Name of Community: \_\_\_\_\_ Barberry Woods \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-Mail or Alternate Contact Information: \_\_\_\_\_

**PROPOSED IMPROVEMENT/ALTERATION:** *Please check all that apply*

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> New Construction              | <input type="checkbox"/> Painting                                    | <input type="checkbox"/> Re-siding |
| <input type="checkbox"/> Building Addition             | <input type="checkbox"/> Roof, Door, Window Replacement or Additions |                                    |
| <input type="checkbox"/> Removal of Exterior Structure | <input type="checkbox"/> Landscaping or Removal of Tree              |                                    |
| <input type="checkbox"/> Signage and/or Lighting       | <input type="checkbox"/> Fence Installation or Removal               |                                    |
| <input type="checkbox"/> Parking, Paving               | <input type="checkbox"/> Deck or Screened Porch                      |                                    |

Other (please list) \_\_\_\_\_

**DESCRIBE PROPOSED IMPROVEMENT/ALTERATION:** Please attached additional sheets if necessary.

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**AUTHORIZATION TO VISIT PROPERTY.** Site visits to the property by the Association are essential to process this application. The Owner, as signed below, hereby authorizes the Association and/or Manager to visit and photograph the property referenced on this application.

**PLEASE COMPLETE THE FOLLOWING:**

- Send one original, signed (electronic signature acceptable), completed application to: Property Management Services, 3690 Bohicket Rd Suit 2A, Johns Island, SC 29455 or fax 843.637.4094 (Main Office Fax) 843-881-5459 or email Cheryl@charlestonpms.com
- Attach list of materials to be used.
- Work will be completed by (yourself or company): \_\_\_\_\_
- Estimated time to complete project: \_\_\_\_\_
- For new construction, send site plan with area of modification clearly marked, picture of item to be installed or constructed and material/color samples.

**APPLICANT'S AGREEMENT & SIGNATURE:**

I have read my Community's governing documents and believe I am in compliance with all Covenants and Restrictions. I also understand that it is my responsibility to verify all property lines, easements, and city and county codes and ordinances. I understand that any permits required will be obtained and posted. I will not begin any projects until written approval has been received by the ARC. I can expect a response from the Association **30 days** from the date the application is received in Property Management Services office.

**Owner's Signature:** \_\_\_\_\_ **E - Signature Permitted**

**Date:** \_\_\_\_\_