

RIVERS POINT HOA  
Request For ARB Approval of  
Home Improvement Modification

Items #1 - #10 to be completed by the homeowner: (PLEASE PRINT EXCEPT FOR SIGNATURES)

1. Name(s) of Homeowner(s): \_\_\_\_\_
2. Property address: \_\_\_\_\_
3. Date of Request: \_\_\_\_\_
4. Description of Improvement/Modification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. For fences, pools, TV dishes, landscape, porches and decks, gas tanks or other screening, attach a sketch and measurements (on a plat if available) showing the addition/modification. Attach any other descriptive material that will support or explain request.
6. Name, address, phone number and contact person doing work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Contractor's License No. \_\_\_\_\_
8. Requested Start Date: \_\_\_\_\_ Approximate completion date: \_\_\_\_\_
9. Is your home occupied by tenants? Yes or No (Circle One)
10. By signing below you are indicating that you understand that Rivers Point HOA must be named as an Additional Insured on the contractor's liability insurance and that a copy of such endorsement must be received by PROPERTY MANAGEMENT SERVICES, INC. prior to any work commencing.

HOMEOWNER(S) SIGNATURE(S):

\_\_\_\_\_  
\_\_\_\_\_

This request and all attachments must be mailed, emailed or faxed to Lisa Landy, Property Management Services, Inc., 1340-G Ben Sawyer Blvd, Mt. Pleasant, SC 29464 or emailed to [lisa@charlestonpms.com](mailto:lisa@charlestonpms.com). Fax: 843-881-5616

Please allow 30 days for processing this request. There is no review fee.

To be Completed by ARB:

Date ARB received: \_\_\_\_\_

ARC Action:

Approved without conditions. \_\_\_\_\_ (yes or no)

Approved with the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information Required: \_\_\_\_\_

Not approved for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARB signature(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name