

**Hampshire at Park West Homeowners Association
Architectural Review and Decision form**

In accordance with the Association's documents and Architectural Review and Guidelines in the Covenants, Conditions, and Restrictions, I hereby apply for written approval to make the following exterior alterations or changes to my property.

Request Date: _____

Received by: _____

Information Complete - Sent to ARB _____

Information incomplete – Return to Owner _____

Owner's Name: _____

Owner's Address: _____

Lot #: _____

Home Phone Number: _____ Work Phone Number: _____

E-mail: _____ Fax Number: _____

Homeowner's Association Fee Paid: _____ Date: _____

Important Notes:

- **There is a \$25.00 Architectural Review Fee per application**
- **Please make checks payable to: Hampshire at Park West Homeowners Association**
- **There is a limit of 5 requests per application.**
- **Please include your Association account number on the check**

This form reflects the most often requested approval types. If you do not see a category that matches the nature of your request, please use the "Other Feature" section for your request.

Landscaping

Tree Type: _____ Location: _____ Planting Size: _____ Mature Size: _____

(A lot layout showing the location of the proposed mature tree installation is required with this application. Please Note: Large trees may be deemed a nuisance and vision/view blocker to adjoining neighbors when they are full grown. You may be requested to notify neighbors affected by the proposed installation for their approval.)

Satellite Dish

Location: _____ Height off Ground: _____ Size: _____

(Installation shall be on the rear of the structure or other location that minimizes visibility from the street or front of the residence. A lot layout showing the location is required to be included with this application.)

Other Feature

Feature Description: _____

Color: _____ Size: _____ Height: _____ Material: _____

(A lot layout showing the location of the proposed feature along with a picture of the item is required with this application.)

Additional Information: _____

Homeowner Signature: _____

Architectural Review Committee Decision:

Approved Conditional Approval Denied

ARC requirements or comments on application (if any): _____

Architectural Review Committee Member Signature: _____ Date: _____

As-Built Inspection Approval: _____ Date: _____

Important Note: Approval by the Architectural Review Committee does not constitute approval by local governing agencies. It is the sole responsibility of the applicant to determine and comply with all governmental regulations, statutes, codes and zoning requirements. It is the responsibility of the applicant to secure any and all permits, inspections, authorization, and/or permission from government agencies prior to work commencement. It is the applicant's sole responsibility to ensure that any work commencing is within the property limits and meets all building setback and easement restrictions.

It is the applicant's responsibility to protect all elements inside the Association easements, and to return any area disturbed by the installation of a modification to the same standards as previously existed. Upon completion of the improvement, the Association shall review and determine that the installation is in compliance with the approval provided. If the improvements are deemed incomplete or further work is necessitated, applicant shall be provided with a deadline for the completion of the work. If the improvements are not completed to the satisfaction of the Association within the timelines provided, the Association may impose penalties until completion occurs.

All Architectural Review Control Request Forms will be reviewed within 30 days of receipt by the Committee. A copy of the completed request signed by a Committee member will be mailed to Owner's home address unless another form is requested by Owner.

Send Request To: Hampshire at Park West Homeowners Association

Community Management Group

349 Folly Road, Suite 2B

Charleston, SC 2941

Phone: (843) 795-8484 Fax: (843) 795-8482

Email: info@cmgcharleston.com