

Radcliffe Place Homeowners Association, Inc.

Request for ARB Approval of Home Improvement Modification

Items 1 through 8 are to be completed by the Homeowner:

1. Name of Homeowner _____ Date of Request _____
3. Home Address _____ Telephone Numbers _____
5. Description of Request

6. For fences, sheds, pools, TV dishes, landscape, porches and decks, gas tanks or other screening, attach a sketch **on a surveyor's plat** showing the addition/ modification. All plats must be to scale. Attach any other descriptive material that will support or explain request.

7. Requested start date _____ * 8. Approximate completion date _____
*Please allow 30 days for processing this request.

To be completed by the ARB:

Date ARB received _____

ARB Action: Approved without conditions _____

Approved with the following conditions

Additional information required

Not approved for the following reason

ARB signature(s) _____

Date ARB action _____ Date Homeowner informed _____

*Deliver to: Radcliffe Place Homeowners Association,
349 Folly Road, Suite 2B, Charleston, SC 29412 OR Supportteam@cmgcharleston.com*