

Fireside Lakes Homeowners Association

Architectural Control Committee Request

Name: _____ Request Date: _____

Address: _____ Day Phone: _____

_____ Night Phone: _____

E-Mail: _____

Nature of Request (draw your request on plat w/dimensions & attach) a copy of your plat showing all dimensions, & location of improvement must be attached to be considered complete.

ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING A FENCE. FOR ALL OTHER REQUESTS PLEASE ATTACH A DETAILED DESCRIPTION TO THIS FORM.

Name of Fence Contractor _____

Contractor Phone # _____ Fax # _____

Type of Fence: _____ . **Fence Height:** _____

PLEASE INSTALL YOUR VERTICAL SUPPORTS JUST INSIDE YOUR PROPERTY LINE SO THAT YOUR FINISHED SIDING BOARDS ARE "RIGHT ON" THE PROPERTY LINE. BUTT UP TO OR ATTACH TO ANY EXISTING FENCE THAT YOU ARE SURE IS RIGHT "ON" YOUR COMMON PROPERTY LINE.

IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR CONTRACTOR RECEIVES AND FOLLOWS THESE GUIDELINES.

I hereby request that the Architectural Control Committee review the above request. I agree not to begin work until I have written approval and to be responsible for the ongoing maintenance and upkeep on the alteration or addition. The upkeep responsibility will transfer to all future owners as well. Further, I agree that all work will be in workmanship like fashion and comply with all building codes.

Owner

Before digging you must call:
Palmetto Utility Protection Services (PUPS)
1-888-721-7877 and give at least 3 days notice.

Owner

If joint ownership, both parties must sign.

Approved

Approval Date: _____

Disapproved

Board Member: _____

Return form with drawing on plat to:
FirstService Residential 201 Sigma Dr, Suite 350, Summerville, SC 29486
Phone: 843-795-8484 Fax: 843-278-6853
Or email at firesidelakes.sc@fsresidential.com
(Please allow **30 days** for a response by the committee)
PLEASE ATTACH COPY OF PLAT TO REQUEST FORM