

Moss Creek Property Owners Association, Inc.
Homeowner Architectural Request for
Solar System Installation

To be completed by Homeowner:

Name: _____ Date: _____

Address: _____

Phone number(s) _____ Email Address: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

Description of Request: Installation of solar system at the homeowner's address as shown above

Note 1: As is required by Moss Creek Resolution 00001, Guidelines for Building Mounted Solar Energy Systems dated November 16, 2016, provide and attach all of the following system specifications and detailed plans to this completed form, then submit to Community Management Group (CMG) for Moss Creek ARC review:

- ___ a) schematic drawing of the proposed installation and manufacturer's installation and placement specifications
- ___ b) proposed location and number of collectors, proposed location of wiring, conduit if proposed
- ___ c) method of attachment to the roof structure
- ___ d) color of the solar panels and frames
- ___ e) color and location of all exterior system components

Note 2: The Architectural Review Committee (ARC) is allowed 30 days to process the application for approval request. Processing time begins when the homeowner has provided all required information to the ARC for consideration.

Note 3: Moss Creek ARC approval of this request does not exempt the homeowner from applying for and obtaining all required City of Charleston permit(s) and inspection(s).

Note 4: The homeowner acknowledges that the Moss Creek Property Owners Association, as well as the homeowners of properties adjacent to the above address, have no obligation to trim, prune or otherwise alter or remove trees at any time to accommodate another homeowner's solar energy device.

Homeowner's Signature _____ Date: _____

To be completed by Community Management Group (CMG):

Dates: ARC received _____ Additional info requested _____ ARC pkg complete _____

Homeowner notified of Board's decision _____

To be completed by the Moss Creek ARC:

Date ARC application received: _____

___ Approved ___ Approved with Conditions ___ Additional information required

ARC Representative Signature: _____ Date: _____

Mail To:

**Moss Creek HOA (Attn: Betty Johnson)
CMG Charleston, 349 Folly Rd., Suite 2-B
Charleston, SC 29412**

**or Fax to 843.795.8482
or e-mail to: mosscreek@cmgcharleston**