

Rivers Point HOA
Request for ARB Approval of
Home Improvement Modification

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

1. Name of Homeowner _____ 2. Date of Request _____

3. Home Address _____ 4. Telephone Number _____

5. Description of Request _____

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

7. Requested start date _____ * . Approximate completion date _____

***Please allow 30 days for processing this request.**

Community Management Group when the project is complete in order to process the refund.

Please Note: Your application will not be considered complete and ready for review unless application is submitted with property plat, and details about your modification. No review fee

To be completed by the ARB:

Date ARC received _____

ARC Action: Approved without conditions _____

Approved with the following conditions _____

Additional information required _____

Not approved for the following reason _____

ARC signature(s) _____

Date ARC action _____ Date Homeowner informed _____

Send completed for to : FirstService Residential
201 Sigma Rd. Ste. 350 Summerville, SC 29486
Phone: 843-795-8484 Fax: 843-278-6853
Email: riverspoint.sc@fsresidential.com