

LAKE CHARLESTON MAINTENANCE ASSOCIATION
MASTER ASSOCIATION DESIGN REVIEW BOARD APPLICATION:
FENCING

Date submitted:

Received by:

DATE: _____ Phone: _____ HOME OWNER NAME: _____

DRB Application for: REPAIR REPLACEMENT ADDRESS: _____

EMAIL ADDRESS _____ SUBDIVISION _____:

Choose One:

Contractor is doing installation Homeowner is doing installation

Choose all that apply:

lakefront property (cannot encroach 20 ft. lake front easement) encroaches onto 2' overhang easement
 encroaches onto utility easement with utility encroachment authorization

Fence Types : Color: White Natural Wood Fence Height (6 ft max): _____

Wood Shadowbox PVC/Composite Shadow Box
 PVC/Composite Tongue and Groove Presidential Shadow Box
 White Aluminum Straight Rail – 4 ft 5 ft White Wrought Iron Straight Rail – 4 ft 5 ft

Initial to ensure that you have attached:

___ Proof of Contractors license and Insurance (Workers Comp & Liability with your name and address as certificate holder)
 ___ Copy of property survey highlighting the proposed location of fence.
 ___ Diagram showing dimensions of fence and gates (can also be written on survey)
 ___ Printed color photo of Fence Type Installed
 ___ Printed color photo of front of entire house

APPROVALS ARE GIVEN BY THE DESIGN REVIEW BOARD (DRB) AND ARE NECESSARY PRIOR TO WORK COMMENCEMENT!

The DRB must provide a decision within 30 days of date stamped on this application and the project must be completed within 120 days of it. I hereby certify that this application is in accordance with the current LCMA Rules and Regulations (R&R) with all requirements attached to this application and consent is given to LCMA employees to access property regarding this application.

PLEASE NOTIFY THE LCMA MANAGEMENT OFFICE UPON COMPLETION TO HAVE YOUR PROJECT INSPECTED.

Homeowner signature X _____ DATE: _____

Homeowner signature X _____ DATE: _____

LCMA STAFF ONLY do not mark beneath this line:

APPROVED as submitted.

APPROVED subject to:

DISAPPROVED because it does not conform to the aesthetics of the Sub-Division and/or Community as per Article X Section 2.

DISAPPROVED because it does not conform to the Rules and Regulations and/or Covenant Restrictions.

INCOMPLETE - Please resubmit and include the following information:

REVIEWED BY: _____ Date: _____