

**HARBOUR KEY COMMUNITY ASSOCIATION
APPLICATION TO THE HKCA ARCHITECTURAL REVIEW BOARD**

Lot Number _____ Street Address _____

Property Owner Name(s), Mailing Address, Telephone, E-mail Address:

Builder/Contractor Name(s), Mailing Address, Telephone, E-mail Address:

TYPE OF PROJECT	FEES
New Home Standard	Contractor Gate Code Fee \$100.00 all projects \$1000 non-refundable processing fee; \$5,000 deposit from owner
Remodel	Processing fee based on estimate of cost provided by owner: \$5,001 to 10,000 \$100.00 \$10,001 to 50,000 \$200.00 \$50,001 to 100,000 \$350.00 \$ 100,000 plus \$450.00
Maintenance	No Charge

Please indicate type of project: _____

These items are included with this submission (partial submissions are not accepted):

- _____ Floor plans to scale (which include the ground floor and all four elevations)
- _____ Certified survey showing house to scale, setbacks and critical line
- _____ Copy of variance approved by Beaufort County if required; if not, indicate N/A
- _____ Color samples of siding, trim and pickets (all exterior finishes)
- _____ Roofing sample
- _____ Roof height (maximum 40 feet)
- _____ Location of HVAC condenser unit
- _____ Location of the electric meter, location and specifications of any outdoor lighting
- _____ Check for Processing Fee (\$1000.00; non-refundable)
- _____ Check for Performance/Damage Deposit
- _____ Landscaping plan and tree survey if needed
- _____ Site plan showing driveway placement and size
- _____ Square footage for each floor; total heated square footage
- _____ Check for Contractor gate code

REMODEL/RENOVATION

- _____ Plans
- _____ Estimate of cost
- _____ Samples
- _____ Check for processing fee

MAINTENANCE

- _____ Plans/Written Description
- _____ Samples

It is the owner's (ultimate and the builder's/contractor's responsibility to request the following inspections in a timely manner. These requests must be made in writing.

- *Site
- *Foundation (piling)/Elevation (Foundation Survey and Elevation Certificate required)
- *Closed-In (As-built Survey required)
- *Final (Certificate of Occupancy required)

By signing below, I acknowledge receipt of a copy of the ARB Guidelines and Rules last revised Oct. 29, 2007.

I understand that the ARB meets on the second and fourth Friday of each month at 8:30 a.m., unless otherwise notified, in the Conference Room of the Harbor Island Office. I understand that submissions must be complete and have to be received in the HIOA office two business days prior to be placed on the agenda.

I understand that any changes to these submitted plans must be approved in writing by the ARB. Violation of this requirement will result in monetary fines and/or removal of the construction. I understand that any changes to the originally approved plans may require an additional fifteen-day period for ARB action.

I understand that no materials submitted with this application will be returned.

I understand that I will be notified of ARB action on this application within fifteen days of the meeting where the submission took place, in writing.

I understand that a signed copy of this document will be provided to both the owner and the contractor

Property Owner _____ Date _____

Contractor/Builder _____ Date _____

Please make checks payable to: Harbour Key Community Association You must prepare separate checks for processing fees and for deposits

