

Architectural Review Application **Lot# / Address:** _____

Agreement: I acknowledge and agree with the following requirements for the Architectural Review Process for Sherham West Subdivision:

- 1. I have read and understand the “Covenants, Conditions and Restrictions” and agree to comply with these covenants, restrictions, and guidelines.
- 2. I understand that I am responsible for completing the project as described by the drawings and specifications submitted to and approved by the ACC. It is further understood that any changes to these plans must be submitted in writing to the ACC for approval prior to implementation.
- 3. I understand that the ACC will enter onto my property to make reasonable inspections of the construction site and that permission of such actions is granted for all ACC and or their Agents.
- 4. I understand that no construction or changes can be made to site or construction plans without prior written approval from the ACC.
- 5. I understand that the ACC may reject this application if my project does not meet the ACC Guidelines or if the appropriate documentation and information requested is not submitted.
- 6. I understand that even though the ACC has approved my plans, I am completely responsible for complying with all the building codes, covenants and restrictions that may be applicable to my property.

Owner Signature: _____ Application Date ____ / ____ / ____

Owner Signature: _____ Application Date ____ / ____ / ____

ACC Representative Signature: _____ Date Received ____ / ____ / ____

(The following is for ACC use only:)

Approved _____ Rejected _____ ACC Representative
Initials _____

Approved with the following ACC Modifications:

Submit completed applications to: Sherham West Property Owners Association
Architectural Control Committee
c/o Bill Hargrove Fax: (803) 328-0364
249 Blue Heron Drive, Rock Hill, SC 29732

Exterior Lighting: (Brand/ Design)	
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Estimated Start Date: ____/____/____

Estimated Completion Date: ____/____/____

Builder Information:

Company Name: _____

Mailing Address: _____

(City)

(State)

(Zip)

Primary Contract: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

License #/ State: _____

Application for Design Review

All information requested in the following application must be accurately completed by the property owner(s). Your application must be submitted to the ACC along with all applicable Plans and Documents following the submittal guidelines as set forth in the Covenants and Restrictions for Sherham West. Please make sure your application is signed and dated.

Lot Number: _____	Street Address: _____ _____
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<u>Property Owner Information:</u>	
Name: _____ _____	
Mailing Address (City, State, Zip): _____	
Phone Numbers:	Home: _____ Office: _____ Cell: _____
Email Address: _____	

Please check one of the following to identify your current project:

New Construction: (Form 1)

Changes to Original Plan (Form 2)

Improvements / Additions (Form 3)

Design Review Request for the Following:

Building Elevations (four sides) Floor Plan Exterior Veneers, Materials, Color Scheme

Building Elevations Site Plan Landscape Plan Fences Shoreline Stabilization

Other

Sets of Plans Included