Sea Pines Commercial Architectural Review Board (CARB)

CARB Preliminary Architectural Review Application Form

Beaufort County Parcel Identification Number (PIN): _____

Street Address of Property: _____

Name of Owner: _____ Email: _____

Address of Owner: _____

Name of Designer/Agent: _____ Email: _____

Address of Designer/Agent: _____

Preliminary Review Submittal Requirements

1. Complete and Signed Application form.
2. Photographs and/or drawings of existing conditions.
3. Context photographs of neighboring uses and architectural styles.
4. Site Plan (1' = 30' minimum scale) showing location of existing conditions and any unusual or significant site features that may influence design.
5. Schematic building elevations, material samples, and color samples of proposed changes.
6. A draft narrative describing the planned improvements.
7. A letter or email Authorization from the Owner if the Application is signed by an Agent on behalf of the Owner.
8. Nonrefundable Application fee of $ ____, payable to Community Services Associates, Inc.

The undersigned owner of the property described above hereby applies to the Sea Pines Commercial Architectural Review Board (CARB), for architectural review of improvements as depicted on the attached plans. The parties acknowledge CARB's right to rely upon the plans and that CARB's right to rely on the plans is absolute. This application is being filed pursuant to the Assignment of Architectural Review Rights (the "Assignment"), dated November 28, 2000, and recorded on December 15, 2000, in the Beaufort County Register of Deeds in Book 1363 at Page 1720.

To the best of my knowledge, the information in this application and all additional documentation is true, factual and complete. I affirm that this application complies with the CARB's published guidelines and standards. I hereby agree to abide by all conditions of any approval granted by the CARB. **The application will not be considered complete and will not be processed without the Owner's Authorization.**

_____   _____   _____
APPLICANT NAME (PRINT)   **APPLICANT SIGNATURE**   **DATE**