TAYLOR ARCHITECTURAL COMMITTEE REQUEST

	Return Complete Packet to: Hinson Management, Inc. ATTN: Michelle Betenbaugh		Manager Use Only Received	
	michelle@hinsonmanagement.co			
<u>HINSON</u>	8499 Valley Falls Road (physical address) PO Box 160207, Boiling Springs, SC 29316 Phone: (864) 599-9019 ext. 112		Sent to committee	
Management, Inc.			Received decision	
Property Address:				
Phone Number:				
□ Out Building/Shed	nent (Check all that apply) Driveway/Parking	□ Fence	Height	
□ Landscaping	\square Patio/Screened Porch		Style	
□ Addition	□ Other:		Color	
	ch owner to install all approved fencing in a manner that entire property from the fence line to the property line. I permission to attach to a neighboring fence i	t is also the proper		
	C will need to proceed: **Requests will not be s tion included. If you have questions, please refer to the second secon			
	ion and dimensions of improvement indicated			
	Sketch of Improvement of improvement including materials, colors and	sizes		
Contractor:		Phone Numb		
the architectural revie comply with all Feder utilities, and property li	pplicant understands that by completing this for ew committee and all decisions are final. It is und al, State, County, and Local codes. It is the appli nes. Approval is void if improvement is not start neighborhood's governing documents apply to co committee will not be returne	derstood that the cant's responsib ted within ninety ompletion guide	e applicant is responsible to vility to locate all easements, y (90) days from the approval	
Homeowner Signature:			_ Date:	
	FOR BOARD OR COMMITTEE	USE ONLY		
APPROVED:		D	ate:	
DENIED:		D	ate:	
Notes:				

You must sign and date your request before submitting, electronic signatures are not accepted.	A visual representation of your requested improvement. This can be a drawing, picture form a brochure or an image from the internet.	Further information and an example on the following page	n, email s to the questing.	
PPROVED: FOR BOARD OR COMMITTEE USE ONLY DENIED: Date:	 Site Plan with location and dimensions of improvement indicated Photo, Brotue or Stech of Improvement Written description of improvement including materials, colors and sizes Contractor: Phone Number: By signing below the applicant understands that by completing this form he/she agrees to all guidelines set forth 1 the architectural review committee and all decisions are final. It is understood that the applicant is responsible for comply with all Federal, State, County, and Local codes. It is the applicant's responsibility to locate all easements, utilities, and property lines. Approval is void if improvement is not started within ninety (90) days from the approval date. Standards of the neighborhood's governing documents apply to completion guidelines. Items submitted to the committee will not be returned. Homeowner Signature: Date: 	Phone Number:	HBORHOOD> AI Ret Hinson Mi 8499 Valle PO Box 160 Phome	The Form
will be doing the work yourself, simply write "self" on this line.	improvement, include what you are requesting, where it will be placed and a description of what it will look like. Include the name and phone number for the contractor		Your contact information, so we can contact you with information regarding your request	

Architectural Committee Request Form Instructions

This guide will aid you in completing an Architectural Committee Request, incomplete requests will not be accepted. If you have any questions, contact your representative via the information on the top of the form. Requests will not be accepted by any third party.



Examples of Site Plan with location and dimensions of improvements indicated

