



Olde Tabby Park Architectural Review Board Building Permit Application

Type of Construction Applying For: _____

Owner: _____ Location: _____

Name Lot #

Mailing Address Street Name

City, State Zip Code Phone

Builder: _____ Architect: _____

Name Name

Mailing Address Mailing Address

City, State Zip Code City, State Zip Code

Phone Phone

SC License #: _____ Estimated Construction Dates: _____

Estimated Cost (\$): _____ Start: _____ Completion: _____

Square Footage: _____ Setbacks: _____

Heated 1st Floor _____ Front: _____

Heated 2nd Floor: _____ Rear: _____

Porches: _____ Right Side: _____

Decks: _____ Left Side: _____

Garage: _____

Average Height of House from Grade to Peak of Roof _____

Exterior Treatment _____

Foundation Finish _____ Color _____

Skirting Material _____ Color _____

Wall Material _____ Color _____

Trim Material _____ Color _____

Door Type _____ Color _____

Rail Material _____ Color _____

Roofing Material _____ Color _____

Soffit & Fascia Material _____ Color _____

Shutter Material _____ Color _____

Mailbox Color _____

Check List of Necessary Items

Two Complete Sets of Plans: _____ Two Sets of Site Plans: _____

Two Sets of Landscape Plans: _____ Two Sets of Specification: _____

Permit Fee \$: _____ Cash Bond \$: _____

- Separate checks for permit fee and cash bond are due and payable to Olde Tabby Park Community Association ARB Account with application.
- I have read the ARB guidelines and agree to comply with all of its requirements and standards and to pay any fines levied against cash bond for non-compliance.

Owners Signature (Required) _____

Date Submitted: _____ Received by _____

OldeTabbyPark.com

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