

LANDING'S AT MONTAGUE

ARB HOMEOWNER REQUEST FORM

Please fill out and email to info@landmlc.com

NAME: _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF IMPROVEMENT PROPOSED:

Please include lot site plan with sketches, contractor's specification & photos (material, color, height, etc.)

PROPOSED START DATE: _____

PROPOSED FINISH DATE: _____

HOMEOWNER'S SIGNATURE: _____

ATTACH A CERTIFICATE OF INSURANCE FOR CONTRACTOR BEING USED NOTE: Please allow 2 weeks after submitted approval form for review and decision.

_____ APPROVED

_____ DENIED

APPROVED WITH STIPULATIONS:

SIGNED BY: _____ DATE: _____

LeasingandManagement

501 Folly Road Charleston, SC 29412 843.723.1988 info@landmlc.com