



Architectural Review Board

APPLICATION / INFORMATION SUMMARY

DEPARTMENT OF PLANNING AND ZONING 843-797-6220 EXT. 1118

P.O. Drawer 1768

519 N. Goose Creek Blvd.

Goose Creek, South Carolina 29445-1768

www.cityofgoosecreek.com

Fax: 843-863-5208

Property Address:		TMS No.:
Review request:	For:	Preliminary meeting date requested:
<input type="checkbox"/> Conceptual <input type="checkbox"/> Preliminary <input type="checkbox"/> Final	<input type="checkbox"/> New Construction <input type="checkbox"/> Alterations / Additions <input type="checkbox"/> Repairs or repaint with no changes	<input type="checkbox"/> Appeal Decision of Architectural Review Board <input type="checkbox"/> Color Change <input type="checkbox"/> Demolition

Property Owner:	Daytime phone:	
Applicant:	Daytime phone:	
ARB Meeting Representative:	Contact Information :	
Applicant's mailing address:		
City:	State:	Zip:
Applicant's e-mail address:		
Applicant's relationship:	<input type="checkbox"/> Owner <input type="checkbox"/> Design Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Real Estate Agent/Broker <input type="checkbox"/> Other	

Materials/Colors Used: *(specific color(s)/manufacture #'s listed: samples must be presented to Board attached)*
(Example: Building Materials, Exterior Colors, Landscaping, Lighting)

Scope of Work: *(please give a detailed description)*

I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property or an authorized representative. I authorize the subject property to be posted and inspected, and the application to be heard by the Architectural Review Board of the City of Goose Creek on the date specified.

Applicant's signature: _____ Date: _____

Print name legibly: _____