

FORM A

Minor Change Application

Charleston Landing – Architectural Review Committee

Date: _____

Lot #: _____

Owner's Name: _____

Owner's Address: _____

Architect / Designer: _____

Contractor: _____

Landscape Architect / Designer: _____

Requested Change / Addition: _____

Reason for Change: _____

(Please attach sketch / specification of proposed change)

Board Use: _____ On Site Inspection Conducted

Inspected By: _____

_____ Approved

_____ Conditional Approval

_____ Disapproved

Reason for Conditional or Disapproval: _____

I understand and approve of this change:

Signed:

1) _____ Date: _____

2) _____ Date: _____

Please email Theresa Korovich at theresa@coastalassociation.net if you would like the document in Word format.