

Major Improvement Review

Cassique Architectural Review Board • 253 Gardeners Circle, Suite 200 • Johns Island SC 29455 • 843.768.3419 • 843.768.0517 (fax)
 Mailing Address: 130 Gardeners Circle, Suite 123 • Johns Island SC 29455 • arb@kiawah.com • www.CassiqueARB.com

Address of Project _____

Owner _____ **Architect** _____

Telephone _____ Telephone _____

Email _____ Email _____

Landscape Architect _____ **Contractor** _____

Telephone _____ Telephone _____

Email _____ Email _____

Type of Improvement _____

DRAWINGS ARE REQUIRED FOR REVIEW- EACH SHEET MUST BE STAMPED AND SIGNED BY THE SC REGISTERED ARCHITECT, LANDSCAPE ARCHITECT, OR ENGINEER.

Which Category of Supplemental Guidelines is Being Referenced? Category I Category II Category III

Height Restriction: _____ Above Natural Grade Above Min. First Floor Elevation*

Lot Coverage Max: _____

Are there any Variance Requests? Yes, Form Attached No Previously Approved

Total Highland Area: _____ **Lot Coverage Maximum:** _____

Building Square Footage Calculations

Conditioned	Existing	Proposed
First Floor	_____	_____
Second Floor	_____	_____
Third Floor	_____	_____
Ancillary Structure	_____	_____
Total Conditioned	_____	_____
Additional Screened/Covered	_____	_____
Garage/Carport	_____	_____

Setbacks

Front _____ Sides _____
 Rear _____

Existing Bed/Bath _____
Proposed Bed/Bath _____

Primary Lot Coverage Calculations

	Existing	Proposed
Building Footprint	_____	_____
Screened/Covered	_____	_____
Open Decking/Stairs	_____	_____
Primary Drives/Walks*	_____	_____
Raised Planters (≥ 36")	_____	_____
Pool/Spa	_____	_____
HVAC Stand	_____	_____
Primary Lot Coverage Sq. Ft	_____	_____
Lot Coverage Percentage	_____	_____
Secondary Elements	_____	_____
Primary + Secondary Total %	_____	_____

Building Detail**

	Existing	Proposed
Foundation Material	_____	_____
Siding Material	_____	_____
Trim Material	_____	_____
Window Material	_____	_____
Roofing Material	_____	_____
Garage Door Material	_____	_____
Paved Areas	_____	_____
Other _____	_____	_____

ARB Action (see approval letter for details)

Approved
 Disapproved

Review Fee \$ _____
 Deposit Amount \$ _____

 ARB Representative Date

* PLEASE SEE CASSIQUE DESIGNING WITH NATURE FOR MORE DETAILS ON HEIGHT RESTRICTION CALCULATIONS

** PRIMARY DRIVES AND WALKS INCLUDE PERVIOUS AND IMPERVIOUS MATERIALS.

*** BUILDING MATERIALS & FINISHES REQUIRE A COMPLETED ONSITE COLOR REVIEW FORM & ONSITE SAMPLE BOARD FOR FINAL APPROVAL