

Onsite Color Review Form

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Address of Project _____

Owner _____ **Architect/ Contractor** _____

Telephone _____ Telephone _____

Email _____ Email _____

Foundation Material _____

Color Name/Number _____ Manufacturer _____

Secondary Foundation Material _____

Color Name/Number _____ Manufacturer _____

Siding Material _____

Color Name/Number _____ Manufacturer _____

Secondary Siding Material _____

Color Name/Number _____ Manufacturer _____

Bandboard _____

Color Name/Number _____ Manufacturer _____

Trim Material _____

Color Name/Number _____ Manufacturer _____

Windows _____

Color Name/Number _____ Manufacturer _____

Garage Door _____

Color Name/Number _____ Manufacturer _____

Garage Door Trim _____

Color Name/Number _____ Manufacturer _____

Front Door _____

Color Name/Number _____ Manufacturer _____

Roofing Material _____

Color Name/Number _____ Manufacturer _____

Shutters _____

Color Name/Number _____ Manufacturer _____

Louvers/Lattice _____

Color Name/Number _____ Manufacturer _____

Decking/Stairs _____

Color Name/Number _____ Manufacturer _____

ARB Action Approved _____ Disapproved _____

ARB Comments: _____
