Telecommunication Tower Improvement Application & Agreement

Kiawah Island 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 • <u>www.KiawahARB.com</u>

Contact Information	
_	
Owner	Contractor
Address	
Telephone	
Email	
Jobsite Foreman/ Contact & Phone	
SC Contractor Business License #	
Valid Insurance Certificate – Copy Attached	□Yes □No
•	eneral and Automobile liability coverage of at least \$1,000,000 per occurre es, LP, and Kiawah Island Utility Inc. should be named as additional insured
KICA Encroachment Permit – Copy Attached *Livibility Department of KICA - 23 Beachwalker Drive, Kiawa	
Scope of Work	

Drawings or Specifications Attached:	□N/A	□Yes	□No	
For ARB Only			Date Received	
Project Approved?			Deposit Amount	
Comments			Check Date	
			Check #	
			Date Permitted	
		ARB	Staff Signature	

Agreement

1.

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_, as the property owner, and

I, ______, as the contractor for the above described construction project acknowledge and agree that the above described deposit is being held by Kiawah Resort Associates in order to insure that the improvements will be constructed in accordance with plans and specifications which have been approved by the Architectural Review Board. We further acknowledge and agree that:

- 1. We have read and understand the Covenants and Restrictions applicable to the property and all Architectural Review Board Guidelines and will follow and obey the said Covenants, Restrictions, and Guidelines.
- 2. We are responsible for completing the project as described by the drawings and specifications approved by the ARB.
- 3. We will maintain a clean construction site at all times and install a job sign, commercial dumpster, and job toilet in conformance with ARB guidelines.
- 4. We are responsible for the conduct of all workers performing services on this project at all times while they are engaged by us.
- 5. We understand that when accepting a construction pass to enter the Island, all workers and vehicles are subject to be searched to help prevent theft of materials and equipment.
- 6. As the Deposit will be held in a non-interest bearing account, I understand that it shall be returned after Final Inspection approval with no interest added.
- 7. Any monies paid out by the Kiawah Resort Associates for the correction of changes not approved by the ARB, the cost of work necessary to improve the appearance of untidy sites or the cost to repair any damage to the road right-of-ways, road shoulders, or utilities will be deducted from the Deposit.
- 8. The ARB's review and approval are limited to aesthetic considerations. ARB approval does not relieve you and your contractor of responsibility for compliance with all municipal, state, or federal laws that may be applicable. ARB approval does not constitute any opinion or representation by the ARB that the plans comply with these requirements.

In order to comply with OSHA guidelines and requirements, all contractors performing work in or around the Kiawah Island Cell Tower site are required to comply with the following:

(i) All visitors must report directly to the Kiawah Island Utility office, and all on-site work must be pre-arranged and approved by Becky Dennis, the General Manager of Kiawah Island Utility, Inc. (843-768-0641).

(ii) Until further notice, all access to and from the Tower will be restricted to the front gate only (i.e., from Sora Rail Road). The back gate
(entrance from Kestrel Court) may be used only under predetermined, preapproved situations and will not be accessible for day-to-day use.
(iii) Pursuant to OSHA regulations, anyone within six (6) feet of the lagoons must wear a US Coast Guard approved life-jacket.

The Application, Deposit, and Agreement made this	day of	, 20, by
	_ and	
Property Owner	Contractor	
AFTER DERMITTING Contact KI Utility Inc. to ach	adula an angita appointment for work	(913)769 0611

AFTER PERMITTING, Contact KI Utility Inc. to schedule an onsite appointment for work – (843)768-0641 Scheduled Onsite Date & Time ______ KIU Staff Signature _____