

Variance Request Form

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 _____

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

Height Restriction: _____ Above Base Flood Elevation Above Min. First Floor Elevation*

Lot Coverage Max: _____

Setbacks

Front _____

Sides _____

Rear _____

Building Sq. Footage Calculations

Conditioned

Building Footprint _____

First Floor _____

Second Floor _____

Third Floor _____

Ancillary Structure _____

Total Conditioned _____

Screened/Covered _____

Garage/Carport _____

Lot Coverage Calculations

Screened/Covered _____

Open Decking/Stairs _____

Primary Drives/Walks** _____

Raised Planters _____

Pool/Spa _____

HVAC _____

Total Lot Coverage Sq. Ft _____

Highland Area _____

Lot Coverage % _____

Secondary Sq. Ft _____

Primary + Secondary % _____

Restrictions

Min. Sq. Ft

Main House _____

Ancillary _____

Max. Sq. Ft

Main House _____

Ancillary _____

Variance Request _____

Reasoning for Request & Variance Criteria Used _____

ARB ACTION Approved Disapproved

ARB Representative _____

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

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