



BARTON'S RUN ARCHITECTURAL REVIEW REQUEST FORM

Applicant should refer to the Barton's Run Design Guidelines to ensure a complete submittal package and compliance to design guidelines prior to submission. Any missing or incomplete required elements will cause the submittal to be returned to applicant without review. Once a submittal has been accepted for review, the ARB will have a response within 30 days of submittal. The deposit check should be made out to: **Barton's Run POA**. Once the submittal is accepted for review the deposit check will be deposited in the POA general account. Whether a submittal is approved or denied, the review fee will be charged against the deposit amount.

SECTION - I

Type of Submittal (Circle one): New Construction - Modification – Landscaping – Culvert – Specialty

Date: _____

Address where work will be completed:

Owner's Name: _____

Address: _____

Phone: _____

Email: _____

Applicant's Name: _____

Address: _____

Phone: _____

Email: _____

SECTION – II

Complete Section II only if submittal is for new home construction, additions, or remodeling

Primary Points of Contact:

Architect / Designer:	
Phone:	

Builder:	
Builder SC License No.:	
Builder Phone:	

Landscape Designer:	
Phone:	

House Square Footage:

Heated:	
Unheated:	
Porches:	
Patios:	
Pool:	
Total:	
Out Buildings:	

Subcontractor and or Trade Contact Information:

Please provide the requested information below for anyone who may be working on the job site:

Engineer:	
Phone:	
Email:	

Architect:	
Phone:	
Email:	

Lot Clearing	
Phone:	
Email:	

Foundation/Driveway:	
Phone:	
Email:	

Framing:	
Phone:	
Email:	

Electrician:	
Phone:	
Email:	

Plumber:	
Phone:	
Email:	

Roofer:	
Phone:	
Email:	

Interior Finishes:	
Phone:	
Email:	

Painter:	
Phone:	
Email:	

Landscape Designer/Installer:	
Phone:	
Email:	

For HOA Use Only

Date Received:	
Received By:	
Delivered By (Hand/Mail/UPS/FedEx):	
Receipt Acknowledged:	
Submittal Complete (Yes/No) if No, date submittal was returned to Applicant:	
If accepted, assign review number	
Date of First Review:	
Result of First Review:	
Date of Second Review:	
Final Decision:	

Deposit Check No.:	
Date Deposited:	
Deposited By:	