THE RESERVE AT WANDO LAKE
ARCHITECTURAL MODIFICATION REQUEST

DATE:_____

NAME:_____

ADDRESS:_____

_____

DAY TIME PHONE:_____EVENING PHONE_____

WORK TO BE COMPLETED BY:_____

ESTIMATED COST OF THE PROJECT:_____

DESCRIPTION OF WORK TO BE COMPLETED (ATTACH DRAWING/SKETCH SHOWING SCOPE OF WORK AND LOCATION):

I have reviewed the covenants and restrictions and agree to adhere to them. I understand there is a $100 deposit that is refundable upon final inspection and approval from the ARB Committee.

_____
Signature of Owner

Submit to:

THE RESERVE AT WANDO LAKES HOA
C/O APPLEGATE REAL ESTATE, LLC
5 WARREN STREET
CHARLESTON, SC 29403

-OR-

HOA@APPLEGATEREALESTATE.COM