

HIDDEN COVE
ARCHITECTURAL REVIEW BOARD

REQUEST FOR FINAL INSPECTION / DEPOSIT REFUND

Name of Homeowner _____

Home Address _____

Telephone _____ Email _____

Completed Addition/Modification to be approved:

Requested Date of Inspection _____

I do hereby certify that the above addition/modification at said property does conform to the local codes, the *Hidden Cove Architectural Review Board Standards and Guidelines (1993)*, the *Declaration of Covenants and Restrictions for Hidden Cove Subdivision (1988)*, and the final plans as approved by the ARB. All site work, landscaping, cleaning, removal of temporary utilities, and repair of damage to rights-of-way and common areas has been implemented. This constitutes a request for the return of security deposit.

Homeowner Signature _____ Date _____

*Submit request form and required documents to Poston & Co, 635 Rutledge Ave Ste 105, Charleston, SC 29403
OR email to jhaynie@postonco.com OR fax to (843) 853-5340.*

TO BE COMPLETED BY ARB

Date ARB Received _____

Approved – Deposit to be returned.

Not approved for the following reason(s):

ARB Chairman Signature _____

TO BE COMPLETED BY MANAGEMENT

Refund Date _____ Amount \$ _____ Check # _____

Management Signature _____