



## Major Change Form

Received: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

LBTS Address or Lot: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Professionals Related to Project:

Architect Name: \_\_\_\_\_

Architect Signature and Date: \_\_\_\_\_

Landscape Architect Name: \_\_\_\_\_

Landscape Architect Signature and Date: \_\_\_\_\_

Contractor/Builder Name: \_\_\_\_\_

Reason for Change/Project:

Description of Change/Project: (Attached plans/specifications/sketches etc. of proposed change.)

Acknowledgement and Signatures: Your signature below indicates that you are the Owner and understand no work may commence without the property approval. You certify that all information presented in this application is true to the best of your knowledge. **Additionally, you agree to present a copy of any approval received upon request by Security or LBTS staff and repair any damage and/or removal any debris on the common area and abide by all rules and regulations of LBTS and/or County for the duration of the project.**

**\$100 ARB Impact Fee required- make payable to Litchfield-By-The-Sea Community Association. An Escrow fee may be required and will be determined during the review process and payable prior to commencing work.**

Return this completed form, attachments and check to ARB@LitchfieldByTheSea.com or 49 Wall St., Pawleys Island, SC 29585.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Date of Site Inspection:**

**Name of Person Inspecting Site:**

**Disposition:**

**Approved**

**Denied**

**Conditional Approval**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Notes:**


**Signature**

**Date**