

**MAJOR CHANGE
and
ADDITIONS or RENOVATIONS APPLICATION**

Litchfield By the Sea Architectural Review Board Date: _____

Lot Number _____ Street Name _____

Owner _____

Architect _____

Signature _____ Date _____

Landscape Architect _____

Signature _____ Date _____

Description of Request _____

Reason for change _____

(Please attach sketch/specifications of proposed change and applicable fees or deposits)

For LBTS ARB Use

___ On-Site Inspection Conducted
Inspected by _____ Date _____

___ Approved ___ Disapproved
___ Conditional Approval: Reason _____

I understand and approve of this change:
Signed: _____ Date _____
ARB Administrator

\$100 ARB Review Fee check payable to Waccamaw Management

\$100 Impact Fee check payable to LBTS