



ARCHITECTURAL REVIEW BOARD - PROPERTY CHANGE REQUEST
Application for Renewable Energy Device Installation

This application is for the installation of a Renewable Energy Device only. Please complete this form and return it to the CSA office for submission to the ARB for review. The ARB meets the first and third Tuesday of each month at the Southside Club House at 7:30PM. Submissions received the Thursday prior to the next ARB meeting will be placed on the agenda. The ARB decision will be communicated to you the day after the ARB meeting.

No construction may begin until plans are reviewed and approved by the ARB. The review is to check for compliance with the Communities Guidelines and Declaration of Covenants and Restrictions. ARB approval of your request (if provided) does not imply approval from any other local, county, state, or federal agencies or authorities and, does not suggest the system chosen by you is safe to use or compatible with the structure on the property or the lot itself. The owner assumes and bears all risk regarding the installation and use of such a system.

SUBMISSIONS MUST INCLUDE:

1. A Summary Page including system type, contractor information and city/county notes
2. A site plan indicating the location of the system, lot fixtures and lot lines/boundaries
3. A detailed drawing of the system components showing the surfaces they will be mounted
4. A materials specification sheet for the associated system hardware

Name: _____ Date: _____

Address: _____ Lot Number: _____

Phone Number: _____ Contractor's Phone Number: _____

Owner's Signature: _____

Will this system be professionally installed?

Does any element of your property need to be modified to install or optimize the system? ...

If so, have you submitted a request to the ARB to do so?

Did you get a Chatham County Building Permit?

If so, please provide your Building Permit Number

Have you attached your site plan?

Will this be a ground-based system?

If so, do you have a privacy fence or other buffer to screen its visibility?

What % of your current electric use will your system replace?

ARB ACTION: Approved _____ Disapproved _____ Date _____

Signatures: 1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Comments: _____

Date Received: _____ Received By: _____