



**120 Broad Street
Georgetown, S. C. 29440
Phone: 843-545-3158
Fax: 843-545-3299**

ARCHITECTURAL DESIGN REVIEW APPLICATION
User's Guide and Checklist are available to assist with this process.

Name of Project: _____

Property Information:

TMS Number: _____

Street Address: _____

City / State / Zip Code: _____

Subdivision / PD: _____

Current Zoning Classification: _____

Existing Use: _____

Proposed Use: _____

Square Footage: _____ Proposed Cost: _____

Market Value of Building: _____

Number of Acres: _____

List any known constraints that currently exists on the property:
Ex. Traffic, zoning, natural resources, drainage and /or utility.

Is this property a part of a previously approved Planned District or master plan?

Yes No

If yes, please indicate the name of the plan and provide the details of the approved plan.

Application Submittals:

Preliminary Review: Three (3) large sets of plans consisting of:

1. Landscape Plan.
2. Topographic Survey.
3. Scaled Site Plan with North Arrow.
4. Scaled Elevation Drawings.

Final Review: Six (6) large sets of plans consisting of:

1. Scaled Site Plan.
2. Landscape and Tree Plan.
3. Grading Plan.
4. Parking Layout.
5. Foundation Plan.
6. Floor Plan.
7. Elevation Drawings.
8. Typical Wall Section.
9. HVAC Layout.
10. Electric Layout.
11. Plumbing Layout.
12. OCRM Approval or Exemption.
13. Water and Sewer Receipts.
14. Elevation Certificate of "A" & "V".

Exterior Finishes and Material:

Please provide the following information along with color names and samples:

1. Roofing material: _____
2. Pamphlets for door and windows: _____
3. Shutter design: _____
4. Screening material for all mechanicals, dumpsters, etc.:

5. Proposed sign materials, colors and indicate on site plan location of sign: _____
6. All proposed building colors, please submit actual color chips: _____

Property Owner of Record:

Name: _____

Address: _____

City/ State/ Zip Code: _____

Telephone/Fax: _____

E-mail: _____

Signature of Owner / Date: _____

I have appointed the individual or firm listed below as my representative in conjunction with this matter related to the Architectural Review of proposed new construction or improvements to the structures on my property.

Agent of Owner:

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone/Fax: _____

E-mail: _____

Signature of Agent/ Date: _____

Signature of Owner /Date: _____

Contact Information:

Contact Person and Phone Number: _____

Contact Person Address / E-mail: _____

Fee Schedule:

Staffs review:	\$250.00
Revision review:	\$20.00
Appeals to ARB:	\$150.00

All applicable fees must be paid at the time of submittal.

Please submit the completed application, material samples, and colors along with the required fee to Georgetown County Planning Division at 120 Broad Street, Georgetown, S. C.29440.

Site visits to the property, by County employees, are essential to process this application. The owner\applicant as listed above, hereby authorize County employees to visit and photograph this site as part of the application process.

If you need additional help, please contact our office at 843-545-3158.