



2024 ARB Variance Request Form

The ARB meets the second and fourth Wednesdays of each month. Submittals to the ARB must be provided to no later than 4:00 pm on the Friday prior to Wednesday’s meeting. The following items must be included in the submittal to ensure placement on the ARB agenda.

All items to be reviewed must be submitted electronically as (1) pdf document.

Date Submitted: ___/___/___ **ARB Meeting Date:** ___/___/___

ARB Review Fee Amount: \$ _____ **Date Paid:** ___/___/___

Property Address: _____

Parcel/Block/Lot: _____

Owner: _____

Telephone: _____

Email: _____

Architect/Residential Designer: _____

Telephone: _____

Email: _____

Builder: _____

Telephone: _____

Email: _____

Please provide a description of the proposed variance request and hardship below. Please also clarify if additional variance(s) from other entities, such as the City of Charleston Board of Zoning Appeals, would be required.

Please note; The Architectural Review Board will review variance requests on a case-by-case basis in its sole discretion, and reserves the right to deny, approve, and or revoke any variances. Decisions may be based purely on aesthetic considerations. Each owner acknowledges that opinions on aesthetic matters are subjective.



Please Review the following Documents and Requirements:

- Daniel Island Master Plan Zoning Text
- Daniel Island Design Guidelines Applicable to the Subject Property
- Daniel Island CC&R's Applicable to the Subject Property
- Daniel Island ARB 2024 Construction Guidelines

By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the above policies.

_____ Date: _____
Owner's Signature

_____ Date: _____
Signature Received By (ARB/POA signature)