

DATE _____ LOT NO _____

Fence Review Form

Stono Ferry Architectural Review Board • AMCS, P.O. Box 62109 • N. Charleston, SC 29419 • 843-224-2293 • 843-573-0063 (fax)

Address of Project _____

Owner _____ Landscape Architect _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

PURPOSE OF FENCE _____

FENCE DESIGN (description, include photos or brochure) _____

MATERIALS _____

COLOR _____ HEIGHT _____

PERCENTAGE OF FENCE FREE SPACE (ratio of solid fencing material to open spacing) _____

LOCATION OF GATES (if any) _____

PLANTINGS (on exterior of fence) _____

DISTANCE FROM FENCE TO PROPERTY LINES _____

ANTICIPATED START DATE _____

ARB ACTION

Approved _____ Disapproved _____

