**ADDITION/CHANGES TO PROPERTY**

**Print the requested information in the space below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed Setbacks: Front:** | | | **Right Side: Left Side:** | | | **Rear:** | |
| Name of Owner(s): | | |  | | | | |
| Property Street Address: | | |  | | | | |
| Property Section & Lot Number: | | |  | | | | |
| Owner’s Mailing Address: | | |  | | | | |
| Owner’s Phone Number: | | |  | | | | |
| Owner’s Email Addresses: | | |  | | | | |
| Contractor’s Name: | | |  | | | | |
| Contractor’s Email Address & Phone #: | | |  | | | | |
| **SCOPE OF PERMIT: *Check boxes that apply to this permit.***  \_\_\_ Fence \_\_\_\_\_\_ RV Placement (Year, Make, Model and VIN)  \_\_\_ Shed  \_\_\_ Deck  \_\_\_ Retaining Wall  \_\_\_ Carport  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION`** | | | | **FEES (*Due at time of permit issuance*)** see attached fee schedule for scope of permit | | | |
| \_\_\_ 1 copy of plat or current survey | | | | \_\_\_$50 Administrative Fee | | | |
| \_\_\_ 1 copy Site Plan with Drainage Plan | | | | \_\_\_ $\_\_ Impact Fee (Non-refundable) | | | |
| \_\_\_ Photos of RV | | | | \_\_\_ $\_\_\_ Owner’s Compliance Deposit (Refundable)\* | | | |
| \_\_\_ SC Builder’s License or Contractor’s Registration | | | | **\*Excessive damage to the road could result in deposit not being refunded.** | | | |
| **CERTIFICATION:** I/We hereby certify that all statements contained here are correct and that all construction will abide by following the rules and regulations of the Oconee County building codes, Foxwood Hills ACC Guidelines, and the Foxwood Hills restrictions & covenants and Bylaws. | | | | | | | |
| **OWNER’S SIGNATURE** |  | | | | | **DATE:** | |
| **CONTRACTOR’S SIGNATURE:** |  | | | | | **DATE:** | |
| **FOR COMMITTEE USE ONLY** | | | | | | | |
| **DATE APPLICATION RECEIVED** | |  | | | **REVIEW DATES** | |  |
|  | |  | | | **FINAL APPROVAL DATE** | |  |
|  | |  | | | **ACC Chair’s Signature** | |  |
| **Issue Date: \_\_\_\_\_\_\_ Amount Received: \_\_\_\_\_\_\_\_ Payment Type: \_\_\_\_\_\_\_\_\_**  **Completion Date: \_\_\_\_\_\_**  **Comments:** | | | | | | | |