Gates of Dunes West
Architectural Control Approval Application

Homeowner Name: _____

Gates Address: _____

Your Mailing Address: _____

Home Phone: _____

Daytime Phone: _____

Email Address: _____

The deed restrictions require written approval for any architectural exterior change to your home. Please provide a description of proposed exterior change (include materials, colors, who will do the work, any anything else necessary to determine compliance with the CRs).

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Homeowner Signature:_____

Date:_____

Please send completed application, along with a $25 application fee to the Gates of Dunes West, 304 Meeting Street, Charleston SC 29401.