

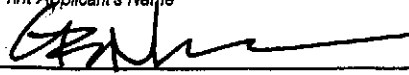
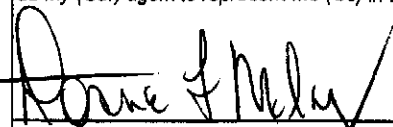
The Design Review Board of Sullivan's Island will meet on Wednesday April 15, 2009 at 6:00 at the Town Hall

- 1. Approval of March minutes.**
- 2. 2424 Middle Street, addition/renovation/**
- 3. 1768 Atlantic Ave., accessory structure/ deck**
- 4. 1651 Poe Ave., Accessory structure/pool**
- 5. 932 Middle Street, Addition/Renovation**
- 6. 2213-C Middle Street, Accessory Structure in Commercial district/deck**
- 7. 2014 I'on Ave., accessory structures/garage& cabana**

APPLICATION TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

(FORM A)

Project Address: <u>2014 10N AVE.</u>		Parcel I.D. (TMS#): _____	
Submittal Date: _____		Meeting Date: _____	
Requested Approval: (check ONE) <input type="checkbox"/> Conceptual <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Final			
Check one:			
<input checked="" type="checkbox"/> Submittal is <i>outside</i> the Historic District, not classified historic, and requests DRB relief.	<input type="checkbox"/> Submittal is <i>within</i> the Historic District and is:	<input type="checkbox"/> Submittal is <i>outside</i> the Historic District and is:	
	_____ designated as Historic Resource _____ not designated as Historic Resource	_____ designated as Historic Resource _____	
	Historic Survey #: _____	Historic Survey #: _____	
Nature of Work: (circle all that apply)			
<input checked="" type="checkbox"/> Accessory Structure	<input type="checkbox"/> Demolition / Relocation	<input type="checkbox"/> Addition / Alteration	<input type="checkbox"/> New Construction
Owner's Name: <u>ROBERT & DONNA MALONY</u>	Architect / Designer: <u>MC3 DESIGNS / CARL MCANTS</u>		
Address: <u>2014 10N AVE</u>	Contact #: <u>843-906-1502</u>	email: <u>mc3designs@aol.com</u>	
email: _____	Contractor: _____	_____	
Contact #: _____	Contact #: _____	email: _____	
Enter a Brief Description of the Project and Scope of Work to be Performed:			
<u>ADD (2) ASSESORT STRUCTURES, NEW HARDSCAPE</u>			
<u>AROUND POOL</u>			
I (We) submit that the above information is true to the best of My (Our) knowledge. <u>CARL MCANTS</u> Print Applicant's Name  Applicant Signature		If Owner is not Applicant: I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application.  Owner's Signature	
		Fee Received by _____	check # _____

APPLICATION TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

(FORM A)

Project Address: 2213-C MIDDLE ST
 Submittal Date: 3/20/09
 Meeting Date: _____ Parcel I.D. (TMS#): _____

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one: Submittal is **outside** the Historic District, not classified historic, and requests DRB relief. Submittal is **within** the Historic District and is: _____ designated as Historic Resource / _____ not designated as Historic Resource. Submittal is **outside** the Historic District and is: _____ designated as Historic Resource. Historic Survey #: _____

Nature of Work: (circle all that apply)
 Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name: PAT ILBERTON Architect / Designer: N/A
 Address: PO BOX 727 Contact #: _____
SULLIVANS ISLAND email: _____
 email: _____ Contractor: ILBERTON CONTRACTORS
 Contact #: 883-3708 Contact #: 883-3708
 email: _____

Enter a Brief Description of the Project and Scope of Work to be Performed:
Add a deck to the right front corner of the existing building. Deck is to be identical to the deck recently constructed on the left front corner.

I (We) submit that the above information is true to the best of My (Our) knowledge. <u>DOUGLAS SMITH</u> Print Applicant's Name <u>D. Smith</u> Applicant Signature	If Owner is not Applicant: I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application. <u>[Signature]</u> Owner's Signature	Fee Received by _____ check # _____
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**APPLICATION
TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD**

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

(FORM A)

Project Address: 932 MIDDLE STREET
 Submittal Date: MARCH 20, 2009
 Meeting Date: APRIL 15, 2009 Parcel I.D. (TMS#): 523-06-00-014

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one:

<input type="checkbox"/>	Submittal is <i>outside</i> the Historic District, not classified historic, and requests DRB relief.	<input checked="" type="checkbox"/>	Submittal is <i>within</i> the Historic District and is:	<input type="checkbox"/>	Submittal is <i>outside</i> the Historic District and is:
			_____ designated as Historic Resource		_____ designated as Historic Resource
		<input checked="" type="checkbox"/>	not designated as Historic Resource		
	Historic Survey #: _____				Historic Survey #: _____

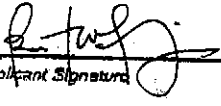

Nature of Work: (circle all that apply)

Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name	<u>CHRIS CANNON</u>	Architect / Designer:	<u>BEAU CLOWNEY DESIGN</u>
Address:	_____	Contact #:	<u>722-2040</u>
email:	_____	email:	<u>BRENTBCDESIGN@BELLSOUTH.NET</u>
Contact #:	<u>(864) 415-2022</u>	Contractor:	<u>T.B.D.</u>
		Contact #:	_____
		email:	_____

Enter a Brief Description of the Project and Scope of Work to be Performed:

ADDITION TO, & PARTIAL RENOVATION OF EXISTING WOOD FRAME SINGLE-FAMILY HOME.

I (We) submit that the above information is true to the best of My (Our) knowledge. <u>BRENT FLEMING (BEAU CLOWNEY DESIGN)</u> Print Applicant's Name  Applicant Signature	If Owner is not Applicant: I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application.  Owner's Signature	Fee Received By _____ _____ check # _____
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#2009
pd

APPLICATION TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

(FORM A)

Project Address: 1651 Poe Ave
 Submittal Date: 3.20.09
 Meeting Date: _____ Parcel I.D. (TMS#): _____

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one: Submittal is *outside* the Historic District, not classified historic, and requests DRB relief.
 Submittal is *within* the Historic District and is: _____ designated as Historic Resource
 Submittal is *outside* the Historic District and is: _____ designated as Historic Resource
 not designated as Historic Resource
 Historic Survey #: _____ Historic Survey #: _____

Nature of Work: (circle all that apply)
 Accessory Structure Demolition/Relocation Addition / Alteration New Construction

Owner's Name: Eric & Hannah Dodson Architect / Designer: _____
 Address: 1651 Poe Ave Contact #: _____
 email: _____
 email: hannahdodson@comcast Contractor: _____
 Contact #: 883-9397 Contact #: _____
367-2275 email: _____

Enter a Brief Description of the Project and Scope of Work to be Performed:
Add pool in back yard with permeable paver decking.
Remove existing shed in back yard.
Remove concrete driveway and install permeable driveway.
All within applicable setbacks and lot coverage requirements.

I (We) submit that the above information is true to the best of My (Our) knowledge.
Hannah Dodson
 Print Applicant's Name
Hannah Dodson
 Applicant Signature

If Owner is not Applicant:
 I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application.

 Owner's Signature

Fee Received by _____
 check # _____

**APPLICATION
TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD**

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

(FORM A)

Project Address: 1768 ATLANTIC AVE, SULLIVAN'S IS SC
 Submittal Date: 3/17/09
 Meeting Date: 4/15/09 Parcel I.D. (TMS#): 523-12-00-035

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one: Submittal is *outside* the Historic District, not classified historic, and requests DRB relief. Submittal is *within* the Historic District and is: Submittal is *outside* the Historic District and is:

designated as Historic Resource designated as Historic Resource
 not designated as Historic Resource designated as Historic Resource

Historic Survey #: 288 Historic Survey #: _____

Nature of Work: (circle all that apply)
 Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name: HAL S. CURREY Architect / Designer: OWNER
 Address: 1768 ATLANTIC AV Contact #: _____
SULLIVAN'S IS SC email: _____
 email: HCURREY22@COMCAST.NET Contractor: DICKIE HANSEN
 Contact #: 843 670 1413 Contact #: 843 324 1750
 email: _____

Enter a Brief Description of the Project and Scope of Work to be Performed:
DEMOLISH & REMOVE EXISTING TREATED WOOD DECK & STEPS AT REAR OF 1768 ATLANTIC AVE. REPLACE & EXPAND EXISTING DECK WITH TPE SURFACE. TOTAL ADDITIONAL NEW DECK IS 414 SF

<p>I (We) submit that the above information is true to the best of My (Our) knowledge.</p> <p><u>HAL S. CURREY</u> Print Applicant's Name</p> <p><u>[Signature]</u> Applicant Signature</p>	<p>If Owner is not Applicant: I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application.</p> <p>_____ Owner's Signature</p>	<p>Fee Received by _____</p> <p align="right">check # _____</p>
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