

Onsite Color Review Form

Cassique Architectural Review Board • arb@kiawah.com • www.CassiqueARB.com • (843) 768-3419 •

Address of Project _____

Owner _____ **Architect/ Contractor** _____

Telephone _____ Telephone _____

Email _____ Email _____

PLEASE ATTACH PHOTO OF THE ONSITE MOCK UP

Foundation Material _____

Color Name/Number _____ Manufacturer _____

Secondary Foundation Material _____

Color Name/Number _____ Manufacturer _____

Siding Material _____

Color Name/Number _____ Manufacturer _____

Secondary Siding Material _____

Color Name/Number _____ Manufacturer _____

Bandboard _____

Color Name/Number _____ Manufacturer _____

Trim Material _____

Color Name/Number _____ Manufacturer _____

Windows _____

Color Name/Number _____ Manufacturer _____

Garage Door _____

Color Name/Number _____ Manufacturer _____

Garage Door Trim _____

Color Name/Number _____ Manufacturer _____

Front Door _____

Color Name/Number _____ Manufacturer _____

Roofing Material _____

Color Name/Number _____ Manufacturer _____

Shutters _____

Color Name/Number _____ Manufacturer _____

Louvers/Lattice _____

Color Name/Number _____ Manufacturer _____

Decking/Stairs _____

Color Name/Number _____ Manufacturer _____

*NOTE: If exterior, decorative light fixtures have changed since final review, please submit updated cut sheets for ARB approval.

ARB Action Approved _____ Disapproved _____

ARB Comments: _____

Insert Photo of Onsite Mockup Here:

