

Hilton Head Plantation Property Owners' Association
Architectural Review Board
P.O. Box 21940
Hilton Head Island, SC 29925

COMPLIANCE DEPOSIT AGREEMENT
FOR SIGNIFICANT ADDITION, ALTERATION, OR POOL

It is agreed by the undersigned that a Two Thousand Dollar (\$2,000.00) Deposit will be given to Hilton Head Plantation Property Owners' Association to ensure that the addition, alteration or pool for Lot # _____ on _____ will be constructed and finished in accordance with the approved plan by the Architectural Review Board. This deposit is also the property owner's guarantee of compliance with all rules and regulations regarding drainage, construction, tree removal, placement of portable toilets, refuse containers, and maintaining a trash and litter free construction site. Failure to comply may result in fines levied against the deposit, or possibly, forfeiture of the entire deposit.

It is further agreed that this \$2,000.00 Deposit will be held in an interest bearing account at CAROLINA FIRST, 401 William Hilton Partway, Hilton Head Island. This deposit will be refunded, with interest, less any fines imposed, to the undersigned after all conditions and approvals are fulfilled, to include completion of all work within 60 days of the issuance of the Hilton Head Plantation Building Permit.

PLEASE NOTE:

- 1) Upon written request, and for compelling reasons only, the Architectural Review Board may grant an extension.
- 2) Building not in accordance with approved plans (construction and finishes) may result in fines or possible forfeiture of the entire deposit.
- 3) The Hilton Head Plantation Class "A" Residential Land Use Restrictions Protective Covenants Building Standards together with the HHPPOA Architectural Guidelines and Review Procedures are the controlling documents governing all construction activity in the Plantation. Noncompliance could result in action being taken.

ACCEPTED BY:

(Property Owner's Signatures)

PLEASE TYPE OR CLEARLY PRINT THE FOLLOWING INFORMATION:

DATE:

PROPERTY OWNER'S NAME(S):

MAILING ADDRESS:

CITY/STATE/ZIP CODE:

TELEPHONE:

SOCIAL SECURITY NUMBERS:

DATE OF BIRTH:

Note: If no social security number is indicated, 31% of interest earned will be withheld.
PLEASE MAKE CHECK PAYABLE TO: CAROLINA FIRST