

# INDIAN SPRINGS HOMEOWNERS' ASSOCIATION, INC.

## ALTERATION PERMIT POLICY/PROCEDURE\*

- I. An ISHOA unit owner(s) must submit a formal plan attached to the "ISHOA Alteration/Improvement Permit Form" for any alteration(s)/modification(s) proposed to a unit directly to the ISHOA Property Manager no less than 60 days prior to the anticipated start date of any alteration(s), which would have an affect on any of the following:
  - A. The exterior appearance (porches, windows, doors, hurricane shutters, window treatments, etc.);
  - B. The existing configuration of the interior rooms and/or corridors;
  - C. The existing floor materials (stone, tile, wood); Changes require the following:
    1. **The wood or laminate flooring must be installed as a floating floor and cannot be glued or nailed to the existing subfloor.**
    2. **The underlayment for all hard surface finished floors in living areas must have a minimum Delta IIC rating of 21.**
    3. **In addition to above finished floor requirement any repair/replacement of the lightweight concrete subfloor must be included in the ARB submittal, or will require an additional ARB submittal if determined later.**
  - D. Change "floor loading requirements," such as new household equipment that required increased weight tolerance. Examples include kitchen or bathroom items such as granite countertops, oversized bath tubs, etc.
  - E. Require fastening to any common or limited common element of the building.
  - F. Require any alteration of or addition to plumbing, electrical wiring, or fireplace and chimney.
- II. **A copy of the permit must be displayed in the window of the villa while the work is being performed. All work must conform to *applicable* Town of Hilton Head & State of South Carolina Fire, Sound & overall Building codes.**
- III. **Contractors should be directed to place material and tools in a space in the parking lot and not in the hallway or on the lawn.**

**Note: Underlayment/Insulation materials must be approved by the Indian Springs ARB.**
- IV. The ISHOA Property Manager must forward the "ISHOA Alteration/Improvement Permit Form" submitted by the owner to the Board of Directors within five days of receiving the form. The formal plan attached to the "ISHOA Alteration/Improvement Permit Form" shall include:
  - A. Drawings or detailed sketches of the changes proposed.
  - B. Finish treatments.
  - C. Size of windows, screens or doors (Screens must be Silver Grey "18/16" fabric)
  - D. Type of materials to be used
  - E. Type of appliances, fixtures or other equipment to be added
  - F. Contractor's name, address, phone number, SC license number, certificate of liability and workers compensation insurance and copy of the Town contractor's license
  - G. A copy of the Town building permit, Hilton Head Plantation permit and Corridor Review Committee approval, if required for the work to be done
  - H. Proper insulating materials must be approved by the Property Manager and ARB
- V. The ARB/Board of Directors may deem that the plans may adversely affect the building structure, or violate building or fire codes. In this case the owner will be required by the Board to have a licensed architect or engineer approve the plans.
- VI. Failure by the BOD to signify in writing its approval or denial of the request for modification no later than sixty (60) days after it was received shall constitute approval of the request as submitted. Should the Board deny the approval of a plan, the owner may modify and resubmit the proposal for subsequent review by the Board.
- VII. This directive is consistent with the stipulations contained in Article VII of the ISHOA Master Deed dated 5/18/86.

# ISHOA Alteration/Improvement Permit Form\*

Permit # \_\_\_\_\_

## **NOTE:**

1. Securing a Town of Hilton Head Building Permit; if required, is the responsibility of the unit owner(s).
2. Securing a Hilton Head Plantation POA Permit, if required, is the responsibility of the unit owner(s).
3. All required permits must be obtained before work begins.
4. Indian Springs' buildings are rated as "commercial" by the Town, are subject to commercial regulations and codes, and require the appropriate licensing of contractors.

UNIT NUMBER \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_

PROPERTY OWNER(S) PHONE NUMBER \_\_\_\_\_

ESTIMATED START DATE \_\_\_\_\_

ESTIMATED COST \_\_\_\_\_

NAME OF CONTRACTOR/COMPANY \_\_\_\_\_

CONTRACTOR/COMPANY ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR/COMPANY PHONE # \_\_\_\_\_

CONTRACTOR'S SC/GA LICENSE # \_\_\_\_\_

CONTRACTOR/SUB-CONTRACTOR WORKERS COMP INSURANCE \_\_\_\_\_

## **TYPE OF WORK** (CHECK ALL THAT APPLY)

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Electrical

\_\_\_\_\_ Flooring

\_\_\_\_\_ Carpentry

\_\_\_\_\_ Other (Describe Below)

\_\_\_\_\_ Porch Enclosures/Windows

\_\_\_\_\_ Porch Flooring

\_\_\_\_\_ Changes to Original Floor Plan

\_\_\_\_\_ Adding/Moving Walls

\_\_\_\_\_ Adding Openings to Current Walls

## **BRIEF DESCRIPTION OF PROJECT** (ATTACH DETAIL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by [Property Owner's Signature(s)] \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## **APPROVAL SIGNATURES**

Property Manager \_\_\_\_\_ Date \_\_\_\_\_

Board Chairperson \_\_\_\_\_ Date \_\_\_\_\_