

ISLAND WEST
ARCHITECTURAL REVIEW APPLICATION
TREE REMOVAL

DATE SUBMITTED _____

DATE APPROVED _____

PLEASE PRINT

DATE COMPLETED _____

Owner _____ Contractor _____

Lot # _____ Address _____

Address _____

_____ Bus. Phone _____

Phone _____ Email Address _____

Email Address _____

Please list each tree, its location, and the reason for the removal request. Provide A picture of each tree to be removed. **LETTER OR BID PROPOSAL FROM A TREE PROFESSIONAL ACCOMPANYING THIS APPLICATION IS REQUIRED.** Tree stumps must be ground and/or removed. **NO approval is required for any tree that is less than 6" in diameter at a point on the trunk measured 4ft above ground level.** To maintain the wooded and natural integrity of the Island West community the ARC strongly encourages any tree(s) removed to be replaced with another tree indigenous to the climate, location, and size at the homeowner's discretion. This may not apply to some heavily wooded lots. **PLEASE SEE THE HOA GUIDELINES FOR LANDSCAPE PLANS POSTED ON THE WEBSITE TO MAKE SURE YOUR PROJECT CONFORMS BEFORE SUBMISSION.** Islandwesthoa.com

NOTE: LIVE OAKS (Quercus Virginina) with a diameter of 12" or more (regardless of health) are protected & require a Beauford County approval (written) prior to submittal to Island West. See: bcgov.net Section 106-1846 Resource Protection

When informing IMC of project completion please include a photograph(s) of the completed project.

I have read and reviewed the HOA Guidelines before submitting my application. Initial _____ (required)

SUBMITTED BY (HOMEOWNER) _____ (SIGNATURE REQUIRED)

NOTE: A refundable compliance deposit of \$150 is required for this project

PLEASE SUBMIT THIS APPLICATION TO: IMC RESORT SERVICES, INC, FAX TO: 843-785-3901 MAIL TO: 181 Bluffton Rd.

Ste. C-103 Bluffton SC 29910 EMAIL TO: DAVE@MCHHL.COM ANY QUESTIONS.... PLEASE CALL 843-785-4775