ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

FENCE

DATE SUBMITTED				
DATE APPROVED		PLEASE PRINT		
DATE COMPLETED			_	
Owner	Contractor			
Lot #	Address			
Address				
	Bus. Phone			
Phone	Email Addres	ss		
Email Address				
When informing IMC of proje	ect completion please i	nclude a photograph(s) of the complete	d project.
I have read and reviewed the	HOA Guidelines befor	e submitting my appl	ication. Initial	(required)
SUBMITTED BY (HOMEOWN	ER)		(SIC	SNATURE REQUIRED)

NOTE: A <u>refundable</u> 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@IMCHHI.COM ANY QUESTIONS.... PLEASE CALL 843-785-4775