

**ISLAND WEST**  
**ARCHITECTURAL REVIEW APPLICATION**  
**RE-ROOFING**

DATE SUBMITTED \_\_\_\_\_

**PLEASE PRINT**

DATE APPROVED \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Lot # \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Bus. Phone \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

---

**NOTE: EMERGENCY REPAIRS TO ROOFS DO NOT REQUIRE AN APPLICATION. NOTIFICATION OF WORK IS REQUIRED. SEE CONTACT INFORMATION BELOW.**

**PLEASE SEE THE HOA GUIDELINES FOR RE-ROOFING POSTED ON THE WEBSITE TO MAKE SURE YOUR PROJECT CONFORMS BEFORE SUBMISSION. [islandwesthoa.com](http://islandwesthoa.com)**

---

**EXISTING ROOFING:** (Check one and complete) Asphalt Shingles \_\_\_\_\_ Fiberglass Shingles \_\_\_\_\_

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

COLOR: \_\_\_\_\_

**PROPOSED ROOFING:** (Check one and complete) Asphalt Shingles \_\_\_\_\_ Fiberglass Shingles \_\_\_\_\_

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

COLOR: \_\_\_\_\_

Weight / Square Pound \_\_\_\_\_

**A COLOR SAMPLE OR SAMPLE OF THE INTENDED ROOFING MATERIAL MUST ACCOMPANY**

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@IMCHHI.COM](mailto:DAVE@IMCHHI.COM) ANY QUESTIONS.... PLEASE CALL 843-785-4775