

ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

EXTERIOR RE-PAINTING / RE-STUCCO (CHANGE OF COLOR*)

DATE SUBMITTED _____

DATE APPROVED _____

PLEASE PRINT

DATE COMPLETED _____

Owner _____ Contractor _____

Lot # _____ Address _____

Address _____

Bus. Phone _____

Phone _____ Email Address _____

Email Address _____

*SAME-COLOR RE-PAINT PROJECTS ONLY REQUIRE NOTIFICATION OF THE MANAGEMENT COMPANY. SEE CONTACT INFORMATION BELOW. NO APPLICATION IS REQUIRED. PLEASE SEE THE HOA GUIDELINES TO MAKE SURE YOUR PROJECT CONFORMS BEFORE SUBMITTAL islandwesthoa.com

EXISTING COLORS: Siding _____ Trim _____ Front Door _____

Metal Accents (if applicable) _____ Color of Roof _____

PROPOSED COLORS: Must Have a Light Reflective Value (LRV) between 29.00 and 80.00

Siding..... Manufacturer _____ Color Name / Number _____ LRV/Number _____

Garage Door(s)... White or Cream Manufacturer _____ Color Name / # _____ LRV/Number _____

TRIM: Windows White Fascia White or Cream Soffits White or Cream House Trim White or Cream

Manufacturer _____ Color Name / Number _____ LRV/Number _____

FRONT ENTRY DOOR COLOR Manufacturer _____ Color Name / Number _____

LRV/Number _____

A COLOR SAMPLE (S) INCLUDING THE LIGHT REFLECTIVE VALUE(S) MUST ACCOMPANY APPLICATION FOR CONSIDERATION

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)

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@MCHHI.COM ANY QUESTIONS.... PLEASE CALL 843-785-4775