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 Addre	255		
Email Address				
*SAME-COLOR RE-PAINT PROJECTS ONLY <u>REQUIRE NOTIFICATION OF THE MANAGEMENT COMPANY</u> . 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				
2	-	-	r LRV/Number	
Garage Door(s) White or Cream				_
TRIM: Windows <u>White</u> Fascia <u>White or Cr</u>				
Manufacturer	Color	r Name / Number	LRV/Number	
FRONT ENTRY DOOR COLOR Manufactures	r	Color Na	me / Number	
COLOR SAMPLE (S) INCLUDING T	HE LIGHT RE	FLECTIVE VALUE(S) MUST ACCOMPANY APPLICAT	ION
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	ı)
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