

ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

TREE REMOVAL

DATE SUBMITTED _____

DATE APPROVED _____

DATE COMPLETED _____

PLEASE PRINT

Owner _____

Contractor _____

Lot # _____

Address _____

Address _____

Bus. Phone _____

Phone _____

Email Address _____

Email Address _____

Please list each tree, its location and reason for removal request. A LETTER OR BID PROPOSAL FROM A PROFESSIONAL TREE SURGEON OR ARBORIST ACCOMPANYING THIS APPLICATION WILL SPEED YOUR APPROVAL. Any tree to be removed must be marked by a ribbon or tape for ARC inspection prior to approval. 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 SUBMITTAL. 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

NOTE: A REFUNDABLE COMPLIANCE DEPOSIT OF \$150 IS REQUIRED FOR THIS PROJECT

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-104 Bluffton SC 29910 EMAIL TO: DAVE@IMCHHI.COM ANY QUESTIONS.... PLEASE CALL 843-785-4775

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 FOR COLORS POSTED ON THE WEBSITE UNDER "ARC NEWS" 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:

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

Garage Door(s).....Manufacturer _____ Color Name / # _____

TRIM: (Check Applicable items) Windows _____ Fascia _____ Soffits _____

Manufacturer _____ Color Name / Number _____

FRONT ENTRY DOOR COLOR _____ OTHER: _____

NOTE: A REFUNDABLE COMPLIANCE DEPOSIT OF \$150 IS REQUIRED FOR RE-PAINTING IN A NEW COLOR....THERE IS NO COMPLIANCE DEPOSIT REQUIRED FOR SAME COLOR

A COLOR SAMPLE (S) MUST ACCOMPANY THIS APPLICATION FOR CONSIDERATION

SUBMITTED BY (HOMEOWNER) _____ (SIGNATURE REQUIRED)

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ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

MAJOR* LANDSCAPE RENOVATION

DATE SUBMITTED _____

DATE APPROVED _____

DATE COMPLETED _____

PLEASE PRINT

Owner _____

Contractor _____

Lot # _____

Address _____

Address _____

Bus. Phone _____

Phone _____

Email Address _____

Email Address _____

Please give a brief description along with an attached site map/plot or detailed drawing of your lot showing the house and the proposed landscape project noting the plant material (common names). Please be aware if the property is adjacent to the golf course... Certain invasive grasses are not permitted. * SMALL-SCALE LANDSCAPING REVISIONS DO NOT REQUIRE AN APPLICATION. PLEASE SEE THE HOA GUIDELINES FOR LANDSCAPING POSTED ON THE WEBSITE TO MAKE SURE YOUR PROJECT CONFORMS BEFORE SUBMITTAL. Islandwesthoa.com

NOTE: A REFUNDABLE COMPLIANCE DEPOSIT OF \$150 IS REQUIRED FOR THIS PROJECT

SUBMITTED BY (HOMEOWNER) _____ (SIGNATURE REQUIRED)

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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 SUBMITTAL. 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 SAMPLE OF THE INTENDED ROOFING MATERIAL MUST ACCOMPANY THIS APPLICATION

NOTE: A REFUNDABLE COMPLIANCE DEPOSIT OF \$150 IS REQUIRED FOR THIS PROJECT

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ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

FENCE

DATE SUBMITTED _____

DATE APPROVED _____

DATE COMPLETED _____

Owner _____

Lot # _____

Address _____

Phone _____

Email Address _____

PLEASE PRINT

Contractor _____

Address _____

Bus. Phone _____

Email Address _____

Please give a brief description along with an attached site map/plat or detailed drawing of your lot showing the house and the proposed placement of the fence. Material (metal, vinyl, etc) and color...Note: some materials such as wood are not allowed.

The maximum allowed height in Island West is 6ft above grade...Lots adjoining the golf course should only be black aluminum and not to exceed 4 ft.

PLEASE SEE THE HOA GUIDELINES FOR FENCES POSTED ON THE WEBSITE TO MAKE SURE YOUR PROJECT CONFORMS BEFORE SUBMITTAL. Islandwesthoa.com

NOTE: A REFUNDABLE COMPLIANCE DEPOSIT OF \$150 IS REQUIRED FOR THIS PROJECT

SUBMITTED BY (HOMEOWNER) _____ (SIGNATURE REQUIRED)

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ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

MISCELLANEOUS STRUCTURES

(SERVICE YARDS, DECKS & PATIOS, POOLS & SPAS, GARAGES, FIRE PITS, PLAY STRUCTURES, TRAMPOLINES, SOLAR PANELS, YARD SHEDS, FLAG POLES ETC.)

DATE SUBMITTED _____

PLEASE PRINT

DATE APPROVED _____

DATE COMPLETED _____

Owner _____

Contractor _____

Lot # _____

Address _____

Address _____

Bus. Phone _____

Phone _____

Email Address _____

Email Address _____

Please give a brief description along with an attached site map/plat or detailed drawing of your lot showing the house and the proposed location for the structure. If the project requires paint colors a paint sample must be submitted. Note: Most structures must be placed to the rear and not visible from the street. Set-backs from property lines must be considered. Attaching a photo of the house and proposed site is most useful in receiving a timely response, but not required. Lots adjacent to the golf course have additional requirements.

PLEASE SEE THE HOA GUIDELINES FOR YOUR SPECIFIC PROJECT POSTED ON THE WEBSITE TO MAKE SURE YOUR STRUCTURE PLANS CONFORM BEFORE SUBMITTAL. Islandwesthoa.com

NOTE: A REFUNDABLE COMPLIANCE DEPOSIT OF \$150 IS REQUIRED FOR THIS PROJECT

SUBMITTED BY (HOMEOWNER) _____ (SIGNATURE REQUIRED)

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