

**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](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 SAMPLE OF THE INTENDED ROOFING MATERIAL MUST ACCOMPANY THIS APPLICATION**

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

---