

ISLAND WEST

ARCHITECTURAL REVIEW APPLICATION

TREE REMOVAL

DATE SUBMITTED _____

DATE APPROVED _____

PLEASE PRINT

DATE COMPLETED _____

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
