

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: _____

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

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