

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 COLOR SAMPLE OR SAMPLE OF THE INTENDED ROOFING MATERIAL MUST ACCOMPANY

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)

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