

ISLAND WEST
ARCHITECTURAL REVIEW APPLICATION
MAJOR* LANDSCAPE RENOVATION

DATE SUBMITTED _____

DATE APPROVED _____

PLEASE PRINT

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 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 SUBMISSION. Islandwesthoa.com

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)

NOTE: A refundable compliance deposit of \$150 is required for this project

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