

# Shorewood IV, HPR

## Remodeling Work Application

Date: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Unit Owners: \_\_\_\_\_

Rental Agent (if applicable): \_\_\_\_\_

Estimated start date: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Contractors who will be working in the unit:

**Name**

**SC Contractor License # or Specialty License #**

_____	_____
_____	_____
_____	_____
_____	_____

Emergency contact in the event of an issue: \_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

Dumpster Company being used (if applicable): \_\_\_\_\_

**\*\* Please submit a description of the work to be done in the unit, along with the corresponding plans and documentation if applicable. \*\***

Please return this form via certified mail to:

*ATTN: Mark Benson*

IMC Resort Services, Inc.

c/o Shorewood IV, HPR

2 Corpus Christi, Ste. 302

Hilton Head Island, SC 29928

or via email:

[Mark@IMCHHI.com](mailto:Mark@IMCHHI.com)

or via fax:

(843) 785-3901

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***You must contact IMC Resort Services, Inc. when the work has been completed.***