

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: Adam Hartzog
IMC Resort Services, Inc.
c/o Shorewood IV, HPR
2 Corpus Christi, Ste. 302
Hilton Head Island, SC 29928

or via email:
AdamH@IMCHHI.com

or via fax:
(843) 785-3901

Signed: _____ Date: _____

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