

SPRINGWOOD VILLAS, HPR

Board of Directors

DATE: December 6, 2025
TO: Springwood Villas Owners
FROM: Springwood Villas Board of Directors
RE: Window & Door Replacement

Your Board has had many requests over the past few years for window and door replacements. This being the case, The Board of Directors finds it beneficial to all to provide window and door **suggestions** and provide this form for window and door replacements. The Villa owner owns and is totally responsible for the maintenance and replacement of all windows and doors but replacement is considered an exterior change and must therefore be approved by the Board of Directors.

Town of Hilton Head Wind Load Municipal Code, as of November 2019, can be found on the last 2 pages of this notice, specifically, Section 1609.1.2(exceptions do not apply). When your contractor is pulling the Town permit for replacement(required) the Town will indicate if these codes have recently changed. **Please ensure that ALL exterior surfaces of your proposed door/window are Dark Bronze in color.** We have found replacement doors and windows that reportedly meet Town code and the aesthetic standards of Springwood Villas. They can be found at the links below:

Doors: Suggested doors to be determined - please submit link/photos of your proposed door which matches original doors as closely as possible as seen from the exterior

Windows: <https://wincorewindows.com/products/windows/window-styles/double-slider/>

LICENSED CONTRACTOR _____

PHONE # _____

WEB LINK TO PROPOSED WINDOW(S)/DOOR(S) _____

WINDOW(S)/DOOR(S) EXTERIOR COLOR Dark Bronze or as similar to current color as possible: YES

DESIRED START DATE: _____

EST. COMPLETION DATE: _____

DUMPSTER REQUIRED: YES NO

PROJECT COORDINATOR _____

PHONE # _____

OWNER'S INITIALS _____

I HAVE READ AND ACCEPTED THE SPRINGWOOD VILLAS, HPR

- MASTER DEED
- BY-LAWS & AMENDMENTS
- RULES AND REGULATIONS

I UNDERSTAND THAT THE BOARD WILL ACT ON THIS REQUEST IN A TIMELY MANER AND PROVIDE A WRITTEN RESPONSE OF THEIR DECISION. I FURTHER UNDERSTAND AND AGREE TO THE FOLLOWING PROVISIONS:

1. NO WORK OR COMMITMENT OF WORK WILL TAKE PLACE UNTIL I HAVE RECEIVED WRITTEN APPROVAL FROM THE BOARD.
2. ALL WORK WILL BE DONE AT MY EXPENSE. ALL FUTURE UPKEEP TO BE AT MY EXPENSE.
3. ALL WORK TO BE DONE EXPEDITIOUSLY ONCE COMMENCED AND WILL BE DONE IN A GOOD WORKMAN-LIKE MANNER.
4. ALL WORK WILL BE PERFORMED AT A TIME AND A MANNER TO MNIMIZE INTERFERENCE AND INCONVENIENCE TO OTHER OWNERS NO WORK SHALL TAKE PLACE BETWEEN 5:00PM AND 8:00AM. NO WORK SHALL TAKE PLACE ON SATURDAYS, SUNDAYS OR HOLIDAYS.
5. I ASSUME ALL LIABILITY AND WILL BE RESPONSIBLE FOR ALL DAMAGES AND/OR INJURY WHICH MAY RESULT FROM PERFORMANCE OF THIS WORK.
6. I WILL BE RESPONSIBLE FOR THE CONDUCT OF PERSONS, AGENTS, CONTRACTORS AND EMPLOYEES WHO ARE CONNECTED WITH THIS WORK.
7. I WILL BE RESPONSIBLE FOR COMPLYING WITH, AND WILL COMPLY WITH, ALL APPLICABLE FEDERAL STATE AND LOCAL LAWS, CODES, REGULATIONS AND REQUIREMENTS IN CONNECTION WITH THIS WORK. I WILL OBTAIN NECESSARY PERMITS AND APPROVALS OF THIS WORK, INCLUDING THE TOWN OF HILTON HEAD. I UNDERSTAND THAT SRPINGWOOD VILLAS, HPR, ITS BOARD OF DIRECTORS AND ITS AGENTS HAVE NO RESPONSIBILITY WITH RESPECT TO SUCH COMPLIANCE AND THAT THE BOARD'S APPROVAL OF THIS REQUEST SHALL NOT BE UNDERSTOOD AS THE MAKING OF ANY REPRESENTATION OR WARRANTY THAT THE PLANS, SPECIFICATIONS OR WORK COMPLY WITH ANY LAW, CODE, REGULATIONS OR GOVERNMENTAL REQUIREMENTS.

CO-OWNER'S SIGNATURE _____ DATE _____

PRINTED NAME _____ UNIT # _____

RETURN THIS APPLICATION FOR ALTERATION TO:

IMC RESORT SERVICES, INC.
 C/O JASON WORKENS
 2 CORPUS CHRISTI, SUITE 302
 HILTON HEAD ISLAND, SC 29928

FAX: (843) 785-3901

EMAIL: WORKENS@IMCHHI.COM