

INTERIOR RENOVATION FORM

FAZIO III, HPR

Please complete this form and forward, with requested information, to the Association's Community Manager for processing.

Date ____/____/____ Applicant's Name _____

Villa # _____ Phone Number (____) _____ Email Address _____

Start Date: _____ Estimated Completion Date: _____

- WORK BEING DONE:** Plumbing Electrical Flooring Carpentry
 Deck Enclosures/Windows Change to Floor Plan Adding/Moving Walls
 Adding Openings to Current Walls
 Other _____

Description of Project:

Please provide a description of what changes will be made. Forms must include all that are applicable to your project type including but not limited to: plans, diagrams, material specifications, and any other information that will help to adequately describe the proposed project.

Hilton Head Permit Number: _____

NOTE: It is the property owner's responsibility to ensure that all requests conform to applicable zoning and building regulations and that approved projects are properly permitted in accordance with all city, state and municipal requirements.

Contractors who will be working in the unit:

Name	SC Contractor License # or Specialty License #
_____	_____
_____	_____
_____	_____
_____	_____

ATTACHMENTS SUBMITTED BY PROPERTY OWNER

Specifications (i.e., copies of plans, types of materials being used, etc.).

Fazio, HPR
C/O IMC Resort Services, Inc.
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