

RENOVATION REQUEST FORM

Please complete and submit this form in writing or electronically (email preferred) to the property manager: Property Management Services (PMS), 1340-G Ben Sawyer Blvd., Mt. Pleasant, SC 29464 or lona@charlestonpms.com. **No work is to begin until this request has been approved** in accordance with the Simmons Pointe Horizontal Property Regime Rules and Regulations.

Name(s) of Unit Owner(s)

Address if Not Simmons Pointe Resident(s)

Unit Owner(s) Email Address and Phone No.

Unit # for Renovation

Name of Contractor/Company. Please attach a copy of the contractor's license. (The contractor must be insured, and be licensed by the State of South Carolina and the Town of Mount Pleasant.)

☐ **Yes** ☐ **No:** Is this request for modification to a previously approved renovation? If yes, please attach a copy of the original request. I understand that any subsequent changes or modifications to this request will re-start the 30-day timeline provision for approval.

☐ **Yes** ☐ **No:** Have building permits been obtained? (The Town of Mount Pleasant requires a permit for any renovation that will cost more than \$1,000.)

☐ **Yes** ☐ **No:** I confirm that I have read and will comply with all provisions of the Simmons Pointe HOA Rules and Regulations ARB section.

☐ **Yes** ☐ **No:** I understand that I may submit a special request or request a waiver to provisions of the Rules and Regulations ARB provisions and that approval/disapproval of any such waiver request will be part of the response from the Board of Directors (BOD) to this renovation request. Please submit request, if any, with justification:

Scope of Work: (Please describe in detail with timeline and, if necessary to clarify the project, attach drawings/product photos, technical specifications, and other documentation necessary to sufficiently explain the intended renovation.)

I have communicated all of the following with the contractor:

___ Yes ___ No: Work schedule related to noise restrictions.

___ Yes ___ No: Use of building elevators is NOT allowed to transport freight, equipment, supplies, or debris.

___ Yes ___ No: Appropriate areas for storing building materials.

___ Yes ___ No: Daily clean up and removal of debris.

___ Yes ___ No: Process for reporting issues or damage to property. (The Regime holds the Unit Owner responsible for any/all expenses related to damage/issues to Unit or neighbors' property caused by renovation.)

___ Yes ___ No: I have secured structural engineer sign-off if deemed appropriate by the BOD. Please attach. (Prior coordination with PMS and ARB necessary if structural modifications are involved).

Unit Owner(s) Signature(s)

Approval Cue:

PMS: _____ Date Received

ARB: _____ Date Received; _____ Date Forwarded to BOD

BOD: _____ Date Received; _____ Date _____ Approved/Disapproved