



Unit Renovations Proposal

Name: _____ Unit Number: _____ Today's Date _____

Contractor Name: _____ Contractor Phone: _____

Contractor will need access to: Electric Plumbing Walls, Floors or Ceiling

Will this work require a building system shutdown? Yes No

If yes, what type Electric Water Gas Other _____

Proposed Construction Start and Completion Dates: _____

Description of Proposed Modification:

Expected Trash and Debris: Contractor is providing trash removal for this project

By the Board of Directors:

Approved Denied

By: _____ Date: _____