

**Sea Island South Condo IV.  
Renovation Review Request**

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Renovation Review Form:

**Unit #:** \_\_\_\_\_

**Unit Owner Name:** \_\_\_\_\_

**Description of Renovations:**  
*(attach additional documents if needed)* \_\_\_\_\_

**Estimated Start Date:** \_\_\_\_\_

**Estimated End Date:** \_\_\_\_\_

**Contractor Business Name:** \_\_\_\_\_

**Contractor Representative Name:** \_\_\_\_\_

**Contractor Phone #:** \_\_\_\_\_

**Contractor Email:** \_\_\_\_\_

**Contractor License #:** \_\_\_\_\_

**Contractor Certificate of Liability Insurance:** please attach certificate(s) to request

**Owner Signature/Date:** \_\_\_\_\_

**Contractor Signature/Date:** \_\_\_\_\_

**Board Member Signature/Date:**  
*(upon approval)* \_\_\_\_\_