

Beachwalk Villas Condominium Association, Inc.

Remodeling Work Application

Unit Number: _____ Unit Owners: _____

Owner's Home Address: _____

Owner's Phone: (H) (____) ____-____ (Cell) (____) ____-____

Owner's Email Address(es): _____

Rental Agent (if applicable): _____ Phone: (____) ____-____

Submission Date: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Name, address, phone number and manager of each contractor(s) and subcontractor(s) who will be working in unit:

Name of Contact Person: _____ Phone: (____) ____-____

Dumpster company being used (if applicable) and dates dumpster will be in place:

Please submit a detailed description of the work to be done in the unit, along with the corresponding plans, if applicable.

Proof of insurance for all contractors and sub-contractors (Certificate from carrier)

General Liability Policy with minimum limit of \$ 1,000,000.

Workers Compensation Policy

Copy of business license for all contractors and sub-contractors

Copy of state-issued contractor's license for all contractors and sub-contractors

