

Queens Grant II Modification Request Form

Unit Number: _____

Unit Owners: _____

Rental Agent (if applicable): _____

Estimated start date: _____

Estimated completion date: _____

Licensed Contractors who will be working in unit: _____

Person to contact in the event of a problem: _____

Phone number of contact: _____

Dumpster company being used (if applicable): _____

Dumpster location, to be accompanied with photos of the area. _____

Note: Screening may be required.

Portable toilet location: (if required by Town): _____

Note: Portable toilets shall be screened. They must be set up and secured to the ground, removed in a timely manner, and maintained regularly by emptying.

Please submit a detailed description of the work to be done at the unit, corresponding plans if applicable, and photos of the area that the work is to be completed.

Work cannot commence until a Certificate of Plan Acceptance has been issued.

Architectural Review Fees may be applicable.

Please contact Atlantic States Management when the work has been completed, so that a final inspection can be conducted.

Please return form to:

Atlantic States Management

PO Drawer 5

Hilton Head, SC 29998

Phone: 843-785-3278

kvandenberg@atlanticstatesmanagement.com