

**UNIT REMODEL REQUEST FORM**

OWNER'S NAME: \_\_\_\_\_

BUILDING NUMBER: \_\_\_\_\_ UNIT NUMBER: \_\_\_\_\_

SCOPE OF-  
WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROJECTED START DATE: \_\_\_\_\_

OTHER PERTINENT  
INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A "SKETCH" OR "DRAWING" OF THE  
PROPOSED RENOVATION, PROOF OF LICENSED  
CONTRACTOR AND PROOF OF PERMIT.**

REQUESTS SHOULD BE MAILED TO:

**Villas at Prospect Point Condominium Association  
c/o Summit Resort Group  
Attn: Kevin Lovett  
P.O. Box 2590  
Dillon, CO 80435**

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