



SurfMaster Owners Association, Inc.
 PO Box 70580
 Myrtle Beach, SC 29572
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 Fax | 843.449.9112
 Lara@pinnaclemb.com

Unit Owner Modification Information Form

Unit: _____ Owner Email: _____

Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Cell phone: _____

Type of Modification (Check all that apply)

- | | | | |
|---------------------|--------------------------|--------------------|--------------------------|
| Painting or Drywall | <input type="checkbox"/> | Balcony/HotTub | <input type="checkbox"/> |
| Water Heater | <input type="checkbox"/> | Air Ducts | <input type="checkbox"/> |
| Kitchen | <input type="checkbox"/> | Bedroom | <input type="checkbox"/> |
| Dining Room | <input type="checkbox"/> | Bathroom | <input type="checkbox"/> |
| Window | <input type="checkbox"/> | Sliding Glass Door | <input type="checkbox"/> |
| Floor | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Description of Modification: _____

Required Submittals:

- _____ **LOCATION OF MODIFICATION** – Provide information to clearly identify the location of the modification.
- _____ **PLANS** – Provide detailed information on the modification. This should include a sketch, plans or manufacturer’s cut sheets.
- _____ **CONTRACTOR** – Please supply contact information for contractor who will complete the work to include contractor’s license and insurance coverage (if applicable).

At least 48 hours prior to beginning your unit modification project, please submit this completed form to the SurfMaster property supervisor, Lara Hughes, at Lara@pinnaclemb.com

Signature of Unit Owner: _____