



Association of St. C Condominium Owners

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manager@stccondo.com or office@stccondo.com

Request for Approval of Renovations

Date: _____

Name: _____ Unit # _____

Please provide below a description of work to be approved:

(i.e. any work done to walls including removal or alteration, electrical upgrade to living room, plumbing hookups for washer or dryer, new floor tile, split air conditioning, etc)

The following contractors have been hired to perform the work:

The work is scheduled to begin on _____, with expected completion by _____

Does this work involve any alteration to the outside of the building and if so what?

I certify that:

- I must contact the office before drilling into walls in the kitchen and bathroom areas, since there are electrical and plumbing lines in the walls
- I must contact the office to inform them when noisy construction will be done so we can alert your neighbors.
- All workers have been informed that work is allowed only between the hours of 8:00am and 5:00pm, Monday through Saturday. No work shall be performed on holidays and Sundays.
- I am aware that the work is subject to periodic inspection by the General Manager.
- I understand I am responsible for any damage caused either directly or incidental to this work, to other units, personal property, the building or any other common areas.
- No plumbing work that requires water to be shut off on Friday's or Saturday's
- Contractors are responsible for removing all debris (not in our dumpsters)
- All jack hammering tools used must be approved by management

General Manager's notes:

Owner's Signature/Date

General Manager's Signature/Date

Rev 08/03/16