

# Seaside at Anastasia Condos – Application to Remodel

To:  
SEASIDE AT ANASTASIA  
c/o COASTAL REALTY & PROPERTY MANAGEMENT, INC  
205 Atlantis Circle  
St. Augustine, FL 32080  
(904)-461-0097

\*Please Type or Print Legibly

DATE: \_\_\_\_\_

UNIT OWNER NAME & SSA UNIT #: \_\_\_\_\_

OWNER CELL PHONE: \_\_\_\_\_ OFC PHONE: \_\_\_\_\_

OWNER EMAIL: \_\_\_\_\_

OWNER MAILING ADDRESS: \_\_\_\_\_

TYPE OF RENOVATION (ATTACH PROPOSAL WITH DETAILED SCOPE, PRODUCTS & PRODUCT SPECS):

1. BATHROOM \_\_\_\_\_
2. KITCHEN \_\_\_\_\_
3. FLOORING \_\_\_\_\_
4. OTHER \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR CELL PHONE: \_\_\_\_\_ OFC PHONE \_\_\_\_\_

CONTRACTOR EMAIL: \_\_\_\_\_

ADDITIONAL DOCUMENTATION REQUIRED (ALL MUST BE ATTACHED PRIOR TO SUBMITTING YOUR APPLICATION FOR REVIEW):

- Contractor Business License
- Contractor Worker's Comp/Exempt
- Contractor Certificate of Insurance naming Seaside at Anastasia as Certificate Holder
- Detailed Scope of Work
- All Product Information to include **SPECS** on each Product

ASSOCIATION USE ONLY-

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_