

**SHERMAN GARDEN APARTMENTS TRUST  
RENOVATION/REMODELLING REQUEST FORM**

Date of Application: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Short statement of improvement/modification (also attach "Scope of Work" from the contractor):

e.g., "Bathroom remodel" or "Flooring request" \_\_\_\_\_

Installer/Contractor: \_\_\_\_\_

(A copy of certificate of insurance is required for each installer and/or contractor. COIs must include the Sherman Garden Apartment Trust, shareholder and Heil Heil Smart & Golee LLC management company as additional insureds.). A copy of the shareholder's personal liability insurance must also be attached.

A REPRESENTATIVE DRAWING OF THE MODIFICATION OR IMPROVEMENT (IF APPLICABLE) MUST BE ATTACHED TO SHOW THE LOCATION AND DIMENSIONS. A SCOPE OF WORK STATEMENT ALSO MUST BE ATTACHED. COPY OF ALL PERMITS MUST ALSO BE PROVIDED BEFORE WORK CAN BEGIN..

Please see Sherman Garden Apartment Trust Rules & Regs regarding Remodeling and Repairs (see also Decorating and Flooring). <http://shermangardenevanston.com/>.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this form to:

Sherman Garden Apartment Trust  
c/o Homeowner Services Department  
Heil, Heil, Smart & Golee  
5215 Old Orchard Road, Suite 300  
Skokie, IL 60077

Email [hsd@hhsg.net](mailto:hsd@hhsg.net) Note: scanned pdf or jpg only please, no cell phone photos  
Fax 847-965-8600

-----For HHS&G Homeowner Services Use -----

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Board Approval by: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_