

### UNIT ALTERATION FORM

Applicant Name: \_\_\_\_\_ Unit \_\_\_\_\_ Phone \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

**Remodeling can only be done Monday through Saturday 8am-6pm.**

Our Bylaws require Board of Directors approval to make any structural changes to a unit (OR 3632, p182).

Approval is needed for any alteration involving, but not limited to the following:

- Moving, reconfiguring, or constructing an interior wall
- Replacing an exterior door including storm door
- Replacing flooring (Florida Building Code requires a 50 IIC sound rating for floors in condominiums to decrease sound transmission.)

Addition of a patio and planting or removing bushes behind first floor units.

Brief Description of Proposed Project: \_\_\_\_\_

Use back of sheet for further detail, drawings, etc.

**ALL CONTRACTORS MUST BE LICENSED AND INSURED. City PERMITS are required for New Doors, Windows, Wall Alteration, Mechanical, Plumbing, Electrical & Gas Work. Make sure your Contractor applies for Permit. Permits MUST be posted on your unit facing out.**

Contractor \_\_\_\_\_ Company \_\_\_\_\_

Name \_\_\_\_\_ Co. License No. \_\_\_\_\_

Insurance \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant agrees to obtain Board approval prior to the start of any project.** Board approval in no way supersedes mandated City or County Building Department Codes, requirements, or restrictions.

I will obtain any required permits from City and County Building Departments and meet applicable code requirements and restrictions before beginning this project. I further understand and agree to hold harmless the Association and Board of Directors from and against any and all claims, damages or injuries that may occur as a result of work done in connection with this project.

Unit Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

Board Approved Yes or No. If no, give reason: \_\_\_\_\_

Board Member Signature \_\_\_\_\_ Date: \_\_\_\_\_