

## Unit Alteration Form

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

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

**Remodeling can only be done Monday-Saturday 8am-5pm.**

Our Bylaws require Board of Directors approval to make any structural changes to a unit (OR 4110, p 1080)

- Approval is needed for an alteration involving but not limited to the following:
- Moving, reconfiguring and/or constructing an **interior wall**. Replacing an **exterior door including a storm door**. Replacing **flooring** (Florida Building Code requires a 50 IIC sound rating for floors in condominiums to decrease sound transmission.)
- Addition to a **patio** and **planting or removing bushes** behind first floor units.

Brief Description of the Proposed Project \_\_\_\_\_

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

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

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

Contractor 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.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

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Board Approved **YES** or **NO**. If no, give reason: \_\_\_\_\_

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

