

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 3771, p282).

- 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 _____

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

Board Member Signature _____ Date: _____