



REQUEST FOR UNIT RENOVATION

Please note that acknowledgement of receipt of this completed form and all requested information must be obtained prior to the start of construction. The form may be submitted while permits are pending - contingent on the submission of required permits prior to the start of renovation. If renovation work is performed by owner, the form must still be submitted for approval. Unit renovation without the acknowledgement of completed form & required attachments from Resource Property Management may result in a fine of \$150.

Date _____ Owner Name _____ Unit _____

Project Start Date _____ Date of Expected Completion _____

Detailed Description of Planned Renovation - Description attached or describe below:

Name of Contractor(s) _____

Phone and email of Contractor: _____

Name & cell phone of Job Supervisor _____

Attach the following: Note all are required for approval.

- Copy of Occupational License Page 2 of Renovation Policy signed by Owner
- Certificate of Liability Insurance Certificate of WC Insurance
- All permits required by Pinellas County / City of Belleair Beach*

Owner acknowledges responsibility for the supervision of the project and financial responsibility for damages caused by the contractor including to plumbing, building structure, drains, or parking lot. Owner agrees to abide by current City/County codes in addition to the Tortugas Construction/Renovation Policy. A new request must be resubmitted for approval if the project substantially changes scope. * Permits can be submitted separately when approved. Note if pending.

Please email, fax or mail to
Tortugas De Mar Condominium Association, Inc.
c/o Resource Property Management
7300 Park St. Seminole, FL 33777
727-581-2662 * 727-584-2118 Fax swending@resourcepropertymgmt.com

Board approval: _____ (Signature & Date)