

ROSE GARDEN VILLAS CONDOMINIUM ASSOCIATION
RETURN TO COMPASS ROSE MANAGEMENT

1010 NE 9th ST
Cape Coral, FL 33909

EMAIL: NYREE@CRMFL.com

APPLICATION FOR ALTERATION TO CONDOMINIUM UNIT

Building Number: _____ Unit Number: _____ Owner Name: _____

Date of Application: _____

DESCRIPTION OF PROPOSED ALTERATION: *Describe and attach layout, blueprint or sketch of any proposed changes.*

Date Work to Begin: _____ Date Work to Be Completed: _____ Estimated Cost: _____

Contractor Information:

Contractor Name, Address, Phone Number, Email:

Contractor License Number: _____

Contractor Certificate of Insurance: (attach) _____

Repairs/renovations can only be done Monday through Friday between the hours of 8 am to 6 pm. No work can be performed on Saturdays or Sundays. This approval will be revoked immediately if a change is made to the contractor performing the work or if there is a departure from the approved plans or specifications. In accepting this approval, you assume responsibilities for any damage resulting from the modifications or alteration. You must restore the remaining condominium property to its original condition at the conclusion of the work authorized by this approval.

Approval by Board: Date: _____ Signature: _____

Permit Received By: Date: _____ Board Member: _____

Inspection: Date: _____ Inspection By: _____