

San Mirage at Bonita Springs
Air Conditioning Replacement Form

Unit Owner (applicant): _____ Date: _____

Address: _____ Phone: _____

Email Address: _____

The new condenser unit shall be positioned on the concrete pad in the required clearance specifications (minimum of 10 to 12 inches between all other units). To allow the same clearance for others when it's their time for replacement. All condenser units must be anchored to the concrete pad. All wiring and tubing will be covered, anchored and routed in accordance with all county/city codes. Blocking of any usable concrete pad clearance space from others is not permitted.

All Unit Owners must ensure that their service company obtain an approved County/City Code Permit and comply with the Association's Amended Rules and Regulations. The Board of Directors specify that it is completely (includes any expense) among other unit owners to cooperate/coordinate with themselves when any of the current condenser units need to be repositioned during new replacements of others in order to accommodate the minimum clearance requirements. This is for all units. Also the Contractors are responsible for the cleanup of their work areas, removal of the old air handlers and condenser units.

Please include the following required documents:

1. **Name of Company performing this work and their phone number**
2. **Copy of their Occupational Business License**
3. **Certificate of their Business Insurance**
4. **Copy of Approved Permit or Permit Number**

*Any Expense incurred due to City/County code will be the responsibility of applicant.

*Please ensure that your permit document is displayed in the required location for the inspector.

I/We hereby make application to the Board of Directors for the above described installation to be approved in writing by the Board of Directors. I/We understand that approval of the request must be granted before the job can be started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED. Any changes to the project must be re-approved by the Board.

Signature of Applicant

Signature of Applicant

ALL CURRENT AND FUTURE OWNERS RESPONSIBLE FOR MAINTENANCE OF AND/OR ALL DAMAGE CAUSE BY OR AS A RESULT OF THESE REPAACEMENTS OR UNIT REPOSITIONING.

BOARD OF DIRECTORS: APPROVED: _____ DENIED: _____

Signature of Board Member: _____ Decision Date: _____

Please contact Phoenix Group 239-732-1440 if you have any questions.

Return this completed form with a copy of contractor's License and Certificate of Insurance to the manager, Michele Boose, at the Phoenix Group, 1415 Panther Lane, Suite 426, Naples, Florida 34109 or by email to michele@phoenixgroupnaples.com.