

MODIFICATION REQUEST FORM

Please do not start any project before written approval is received.

Date _____

To: Association Management

Unit Owner _____ Unit # _____

Address _____

Phone # _____ EMAIL _____

Describe in detail the modification action being requested. **REQUIRED ATTACHMENTS: Photos, Drawing, Scope of Work**

Will this work be PERMITTED? YES _____ NO _____

Contractor/Vender Documentation and information is REQUIRED for all approvals.

Name of Company/Contractor _____

Address _____

City _____ State _____ Phone# _____

Copies of:

Certificate of Liability Insurance	-----
Workers Compensation Liability	-----
State of Florida Professional License	-----
Palm Beach County Business Tax Receipt LBTR	-----
Contractor's Scope of Work	-----

Notice of Acceptance and/or Product Specifications may be **Required** for Windows, Exterior Doors, Storm Shutters.
These items may require a Notice of Commencement from the Building Department.

Your ASSOCIATION and management company MUST Be Listed as Certificate Holder

DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS INCLUDED