

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

Chanteclair Villas Condominium Association NO.1, INC

**DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS
INCLUDED**