

**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# \_\_\_\_\_

<b>Copies of:</b>	<b>Certificate of Liability Insurance</b>	-----
	<b>Workers Compensation Liability</b>	-----
	<b>State of Florida Professional License</b>	-----
	<b>Palm Beach County Business Tax Receipt LBTR</b>	-----
	<b>Contractor's Scope of Work</b>	-----

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.2 , INC

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