

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

FIFTH AVENUE PLACE HOMEOWNER ASSOCIATION
JMA COMMUNITY MANAGEMENT

DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS INCLUDED