WATERWAY CLUB 8 CONDOMINIUM c/o JMA Community Management

MODIFICATION REQUEST FORM

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

		Date
To: Association	on Management	
Unit Owner_		Unit #
Address		·
Phone #	EMAIL	
Describe in d	etail the modification action being requested. REC	QUIRED ATTACHMENTS: Photos, Drawing, Scope of Work
Will this worl	k be PERMITTED? YES NO	
Contractor/\	/ender Documentation and information is REQUIR	RED for all approvals.
Name of Con	npany/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 <u>Required</u> for Windows, Exterior Doors, Storm Shutters. <u>These items may require a Notice of Commencement from the Building Department.</u>

Your ASSOCIATION and management company MUST Be Listed as Certificate Holder

WATERWAY CLUB 8 CONDOMINIUM

DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS INCLUDED