

Condo Improvement Request Form

Lafayette Place Management Office
7500 Callaghan Road #113, San Antonio, TX 78229
Tel: 210-705-9597 (Rev. 02/14/2023)
office@lafayetteplace.net
www.lafayetteplace.net

Date Received by Lafayette Mgmt: _____

- **Incomplete Requests will not be processed**
- **Print Legibly**
- **One Form Per Improvement**

In accordance with the recorded deed restrictions of the association, a unit owner considering any modifications that affects the exterior, or interior remodeling (including flooring), must submit all of the items and information indicated below to the Association for approval prior o initiating work on the planned improvements. Unapproved modifications violate the deed restrictions, and the Association can require that you modify/remove the improvement at your sole expense. Owner's requests are processed as expeditiously as possible, in the order received, and owners are notified in writing of the Board of Director's decision within the timeframe allowed in the deed restrictions (up to 30ays).

***Contractor's Insurance needs to be provided before work can start.**

INSTRUCTIONS: Complete and return this form along with detailed plans/specifications. Use additional paper for details if necessary.

OWNER INFORMATION ONLY:

Owner Name:	
Unit Number:	
Cell Number:	
Email Address:	

REQUIRED ATTACHEMENTS	<input type="checkbox"/> Unit Floorplan (for interior structural/flooring changes) indicating exact location, to scale, of proposed improvement. <input type="checkbox"/> Detailed Building Plans/Specs, Materials Listing, Brochure/Picture, and Samples as applicable <input type="checkbox"/> Certificate of Insurance (COI) for Contractor
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IMPROVEMENT TYPE:	<input type="checkbox"/> Cable TV <input type="checkbox"/> Flooring <input type="checkbox"/> Windows <input type="checkbox"/> HVAC <input type="checkbox"/> Remodeling <input type="checkbox"/> Other: _____
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Contractor Name:	
License Number:	
Cell Number:	
Email Address:	

Detail the improvement below:

INDICATE LOCATION:	<input type="checkbox"/> Interior: Specity Location: _____ <input type="checkbox"/> Exterior: Specify <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Patio <input type="checkbox"/> Balcony
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Indicate Materials(attach a separate sheet if more space is needed:

Estimated Completion Date:	
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By submitting this application, we agree to the following:

- Authorized Work Hours:
 - Monday - Saturday, 9am - 6pm
 - Sunday - Not Authorized
- Absolutely no debris from any repairs or renovations performed by a contractor may be disposed of in the LP dumpsters.
- No Trailers, Trucks, etc. may be left overnight.
- All portions of the property shall be kept clean, neat, and in an orderly fashion At All Times.
- Absolutely nothing may be attached to the Exterior of the buildings.
- Do Not commence any work or modifications until written approval is granted. If work begins prior to being authorized, the Owner will be fined in accordance with our fine policy.

OWNER'S ACKNOWLEDGEMENT:

I acknowledge that neither Management nor the Lafayette Place Homeowner's Association is responsible for any delay in processing my request due to incomplete information submitted by me; that as the property owner of record am solely responsible for compliance with the Association's governing documents and applicable building codes and ordinances irrespective of the Board of Director's approval of the submitted documents, and that it is my responsibility to obtain all necessary City permits. I acknowledge full financial responsibility for the any and all damages caused to any Common Areas or other adjoining lots/units and any improvements on either, including but not limited to curbing, sidewalks, vegetation, surface conditions, removal of mud or other debris on a daily basis from any roads, by any contractors, subcontractors, employees, suppliers or other third parties involved in the proposed modifications.

Printed Name:	
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Signature:	
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Date:	
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