**ROSE GARDEN VILLAS CONDOMINIUM ASSOCIATION**

**c/o American Condominium Management, Inc.**

4223 Del Prado Blvd. S., Cape Coral, Florida 33904

Office: 239 542-4404 Fax: 239 542-0082

Email: robin@amcondo.net

**APPLICATION FOR ALTERATION TO CONDOMINIUM UNIT**

**Building Number: \_\_\_\_\_\_ Unit Number: \_\_\_\_\_\_ Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF PROPOSED ALTERATION: *Describe and attach layout, blueprint or sketch of any proposed changes.***

Date Work to Begin: \_\_\_\_\_\_\_\_ Date Work to Be Completed: \_\_\_\_\_\_\_\_\_\_ Estimated Cost: \_\_\_\_\_\_\_\_\_\_\_

**Contractor Information:**

Contractor Name, Address, Phone Number, Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Certificate of Insurance: (attach) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Repairs/renovations can only be done Monday through Friday between the hours of 8 am to 6 pm. No work can be performed on Saturdays or Sundays. This approval will be revoked immediately if a change is made to the contractor performing the work or if there is a departure from the approved plans or specifications. In accepting this approval, you assume responsibilities for any damage resulting from the modifications or alteration. You must restore the remaining condominium property to its original condition at the conclusion of the work authorized by this approval.*

Approval by Board: Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Received By: Date: \_\_\_\_\_\_\_\_\_\_\_\_ Board Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection: Date: \_\_\_\_\_\_\_\_\_\_\_\_ Inspection By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 08**