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Exclusive Property Management Group

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**Application to Modify, Alter, Add, Remove, Repair or Improve
the Inside or Outside of a Condominium Unit**

Any homeowner wishing to make a modification, an alteration, add, remove, repair or improve their unit must complete and return this form.
*** WORK MAY NOT COMMENCE UNTIL THIS FORM HAS BEEN APPROVED IN ACCORDANCE WITH THE ASSOCIATION BY-LAWS, RULES and/or REGULATIONS and a copy of the permit(s), license(s) and proof of insurance(s) are given to the Management office.**
* It is homeowners responsibility to refer to the Association By-Laws, Rules and/or Regulations for guidance.
* All work must be completed within three (3) months of approval date.
* Homeowner is responsible to obtain all necessary City, County or State permits.
* It is the homeowner's responsibility to inquire with the Authorities if any such permits are required.
* Only licensed and insured contractors, providers or workers can perform the work.
* Homeowner can perform their own work but must submit copy of proper liability insurance.
* Contractors/vendors/workers will not be granted access to the community until all requirements are met.

Name of Owner: Unit No.:

Owners Address: City: St: Zip:

Daytime Phone: Email Address:

Approval is hereby requested for the following modification(s), alteration(s), addition(s), removal(s), improvement(s) and/or repair(s) as described below and/or on the attached pages. I have indicated below what type(s) of change(s) i wish to make. I have included specifics, inclusive of but not limited to, what type of material, color, shape, style, dimension, etc. as well as drawings, diagrams, brochures, etc. I further attach pictures of my unit, as of today's date, where these changes are to take place.

Is this a re-submittal: Yes No

Is this in response to a violation: Yes No If yes, attach copy of the violation.

Is work being performed by owner: Yes No If not, name of contractor:

Contractor License No.: Contractor Insurance Carrier:

Contractor Insurance Policy No.:

Work to be performed in (check all that apply):

- Kitchen/Pantry Living/Dining Area Hall Closet Patio/Balcony A/C Blower A/C Condenser
 Main Bedroom Main Bedroom Closet Main Bathroom Other: Specify
 2nd Bedroom 2nd Bedroom Closet 2nd Bathroom

Work to be performed will involve (check all that apply):

- Electrical Plumbing Mechanical Carpentry/Sheet Rocking Wall Tiling Floor Tiling

A photograph of the proposed work area and a drawing or site plan of the proposed work is to be included with this application. Please indicate below what type of changes or alterations you wish to make. To prevent delays, please be specific indicating what type of materials, color, shape, style, dimensions, etc... will be used.

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Owners Initials Contractor Init

