CONDOMINIUM ALTERATION APPLICATION FORM

[NAME OF CONDOMINIUM ASSOCIATION]

I. UNIT OWNER INFORMATION

- **Owner Name:** _____
- **Unit Number:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Emergency Contact (optional):** _____

II. PROJECT DESCRIPTION

Provide a detailed description of the proposed alteration:
Scope of Work:

_____

_____

_____
Purpose of Work:

_____
Estimated Start Date: _____
Estimated Completion Date: _____

III. CONTRACTOR INFORMATION

- **Contractor Company Name:** _____
- **License Number:** _____
- **Liability Insurance Carrier:** _____
- **Policy Number:** _____
- **Workers' Compensation:** _____
- **Contractor Phone:** _____
- **Contractor Email:** _____

Attach copies of:

- Contractor license
- Liability insurance certificate
- Workers' compensation certificate

IV. PERMIT REQUIREMENTS

Does the project require a municipal permit?
Yes / No (circle one)
If **Yes**, attach copies of all required permits.
Permit Type(s): _____
Permit Number(s): _____

V. MATERIALS & SPECIFICATIONS

List all materials to be used, including flooring, plumbing fixtures, electrical components, windows, doors, etc.

Attach manufacturer specifications when applicable.

VI. PLANS & DRAWINGS

Attach architectural drawings, engineering reports, or diagrams if the project involves:

- Structural changes
- Wall removal or relocation
- Plumbing or electrical modifications
- HVAC changes
- Window or door replacement

VII. WORK SCHEDULE & ACCESS

- **Daily Work Hours:** _____
- **Elevator Use Required:** Yes / No
- **Special Access Needs:** _____

VIII. OWNER ACKNOWLEDGMENT

By signing below, the owner acknowledges and agrees to the following:

- No work may begin until written approval is issued by the Association.
- All work must comply with the Florida Building Code and municipal permitting requirements.
- All contractors must be licensed and insured.
- The owner is responsible for all damages caused by contractors or alterations.
- The owner must ensure all permits are closed and inspections passed.
- The owner must comply with all Association rules, including construction hours and jobsite conduct.

Owner Signature: _____ Date: _____

IX. CONTRACTOR ACKNOWLEDGMENT

By signing below, the contractor acknowledges and agrees to follow all Association rules, including:

- Construction hours
- Elevator protection and hallway coverings
- Noise control
- Debris removal
- Compliance with all safety and permitting requirements

Contractor Signature: _____ Date: _____

X. MANAGEMENT & ARC REVIEW

Property Manager Review

- Application Complete: Yes / No
- Permits Verified: Yes / No
- Contractor Credentials Verified: Yes / No

Manager Name: _____
Signature: _____ Date: _____

ARC Review (if applicable)

- Approved: Yes / No
- Conditions of Approval:

ARC Member Signature: _____ Date: _____

XI. BOARD APPROVAL (if required)

- Approved: Yes / No
- Conditions of Approval:

Board Member Signature: _____ Date: _____

XII. FINAL COMPLETION & CLOSE-OUT

Owner Submission

- All inspections passed: Yes / No
- All permits closed: Yes / No
- Final photos submitted: Yes / No

Management Verification

Manager Signature: _____ Date: _____

ATTACHMENTS CHECKLIST

☐ Contractor License

☐ Liability Insurance Certificate

☐ Workers' Compensation Certificate

☐ Architectural Plans / Engineering Reports

☐ Municipal Permits

☐ Material Specifications

☐ Work Schedule

End of Application Form