

REQUEST FOR ALTERATIONS OR IMPROVEMENTS

OWNERS NAME: _____ PHONE: _____

UNIT ADDRESS: _____ UNIT NUMBER: _____

E-MAIL: _____ ALT. OR CELL PHONE: _____

ASSOCIATION NAME: _____ MODEL: _____

CONTRACTOR: _____ PHONE: _____

ESTIMATED COMPLETION DATE (not to exceed 90 days from request): _____

REQUEST (include attachments): _____

INSTRUCTIONS

1. **The executed contractor’s proposal along with a sketch of the alteration MUST BE ATTACHED TO THIS FORM** detailing dimensions, materials, colors and distance from the foundation/exterior perimeter of the unit.
2. Alterations or improvements require **prior** written approval by your Board. Prior written consent of adjoining unit owners as well as approval of any institutional mortgagees may also be required. **(Verify in your documents under Article XIV Maintenance and Alterations).**
3. Work may not begin until you receive written approval and work must be completed within 90 days of approval. It is the unit owner’s responsibility to notify the Board of Directors when work is completed.
4. Management will attempt to secure license and insurance information for any vendor whose information is not currently on file. If Management receives no response within two weeks, the Alteration Request will be returned to the unit owner so that they can contact the vendor directly for this information or choose another vendor for the work. **Home improvement centers (such as Lowe’s or Home Depot) use subcontractors for installation. Please secure the subcontractors name, phone number and a contact name (if possible). A copy of the subcontractor’s license and insurance must be secured prior to work beginning.**
5. Your governing documents may require a vote of unit owners before changes can be made to the Limited Common Area or Common Area; i.e. approval of 75% or 100% of the total vote of the unit owners. **Signatures are not a substitute for a unit owner vote. Verify in your documents under Article XIV Maintenance and Alterations. It is each unit owner’s responsibility to submit this form in accordance with the requirements and restrictions outlined in their governing documents.**
6. Any irrigation modifications required are the sole responsibility of the homeowner and will be made at the homeowner’s expense.
7. If a slab is to be poured, Management will contact the irrigation vendor to survey the area for irrigation lines. Any irrigation work required is the financial responsibility of the unit owner. Only the irrigation vendor under contract with The Federation is authorized to move or cap irrigation lines or sprinklers. If a slab is poured without review of the irrigation system, the unit owner will be responsible for all expenses related to any irrigation line damage or future repairs should a line running under a slab break.
8. Minor Alterations such as planting of small plants, spot painting, etc. where homeowner lists themselves as contractor, is the sole responsibility of the homeowner and said homeowner assumes full responsibility and holds harmless any and all others any liabilities.

By my/our signature below, I/we understand that the maintenance, repair and/or replacement of and insurance for any requested alteration, or improvement is my/our responsibility (even if damage is caused by a common element) in accordance with the Declaration of Condominium, Article XIV MAINTENANCE AND ALTERATIONS, and any amendments thereto or duly adopted rules of the Board of Directors and shall be binding upon the unit owner(s), his heirs, executors, administrators, successors, and assigns. Removal of a modification may be requested by the Board, at my expense, should the modification become a nuisance.

UNIT OWNER(S) SIGNATURE

DATE SIGNED

WORK IS NOT AUTHORIZED TO BEGIN PRIOR TO EXECUTED FORM BEING RETURNED TO UNIT OWNER(S)

Signatures of those most affected by the change (i.e. roof-mate and neighbors):

<u>Signature</u>	<u>Address</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

BOARD OF DIRECTORS ACTION

APPROVED DATE: _____

DISAPPROVED DATE: _____

BOARD SIGNATURES:

1. _____

2. _____

3. _____

BOARD COMMENTS: _____

If Board would like Management to verify that alteration complies with Associations governing documents, please have Board representative sign below and deliver to Management Company prior to Board Approval.

Board Representative _____ Date _____ Phone Number _____

Reviewed By: _____ Date _____ Management response attached.

MANAGEMENT REVIEW

Management reviews Alteration Requests for completeness and vendor adherence to license and insurance requirements. Management review does not supersede your Board's decision. Board Action or signatures are not a substitute for unit owner vote, if required. Management assumes no responsibility for alteration including vendor or materials. Management makes no representation that alterations are permissible under the Associations governing documents, Florida Statute 718 or any other governing body, without a written legal opinion.

REVIEWER: _____ **Date:** _____

Copy to Unit Owner: _____ Date: _____

Copy to Board: _____ Date: _____

Copy to irrigation vendor (if required) _____ Date: _____