

ALTERATION APPLICATION

The Clearview Oaks Condominium Association

Mail to Management and Associates, 720 Brooker Creek Blvd. #206, Oldsmar, Florida 34677

(813) 433-2000 Office / (813) 433-2040 Fax

Name: _____

Address: _____

Phone Number: _____

Proposed Alteration:

1. Describe the alteration to be considered.
2. Attach a copy of the construction drawings for the improvements. For improvements which require a building permit, attach a copy of the construction documents as submitted to the Pinellas County Building Department.
3. Attach a survey or dimensioned site plan with the proposed construction location on lot.
4. Contractor must be licensed and insured.
5. All copies of permits must be submitted to the Association.
6. Any architectural change approved becomes the responsibility of the owners to repair/replace and maintain. Any damage to the common area is to be restored at the expense of the applicant.

CONTRACTOR ENGAGED: _____

STARTING DATE: _____ TO BE FINISHED BY: _____

This form is to be submitted along with the sketch and specifications agreed upon with the contractor and/or a listing of the materials used. These will be copied. The original will be filed in the office with a copy returned to you. By submitting this Application, the applicant agrees that upon approval the alterations will be completed, without variation, from the approved plans.

Applicant Signature: _____ Date: _____

APPROVED _____ DISAPPROVED _____

Date: _____ Signed By: _____

(Authorized Signature)

Title: _____