

Harbor Isles Condominium Association – Request for Modification

Return to: 600 S. Brevard Avenue, Cocoa Beach, FL 32931 or fax to (321) 799-8139 or email to: prestigeofbrevard@att.net

If you are installing a new air conditioner, a new front door screen, or new flooring of wood or tile, please be aware there are specific height, appearance, or sound barrier requirements your modification must meet. Redoing a modification is never pleasant, so please consult your directory/rules booklet before you begin and request verification or input from a Board member or Management. Please be advised that the Board of Directors or its' representatives is granted 30 days to approve/disapprove this application.

The undersigned requests permission to modify the condominium property and submits the following true and correct information in support of the request:

BRIEF DESCRIPTION OF THE PROPOSED MODIFICATION:

DOES THE CHANGE INVOLVE ANY STRUCTURAL CHANGES TO THE CONDOMINIUM PROPERTY?

Yes No

If Yes, clearly describe the change:

IF APPLICABLE:

CONTRACTOR: Name and Contact #: _____

ATTACH A COPY OF THE CONTRACTOR'S INSURANCE CERTIFICATE & LICENSE

- If requesting a new Air Conditioning unit, you must attach a copy of the specification sheet showing size of the unit. Refer to you Directory for this guideline.
- If requesting new windows/doors, you must attach a copy of the proposal from your contractor showing details of the product(s) to be installed, including glass type in windows
- If requesting new tile/wood/laminate/marble flooring, you must attach the technical data sheet for the sound barrier underlayment to be installed. Refer to your Directory for this guideline.

Respectfully submitted this _____ day of _____

Unit # / Address

Signature of Owner

For Office Use Only: Date received: _____ Package Complete: Yes No

If No, list item(s) missing: _____

Date Owner Contacted to submit information: _____

Application Approved? Yes No

If No, List Reason(s): _____

Printed Name Authorized Person Approving/Disapproving Application: _____

Signature of Authorized Person: _____