

COQUINA GARDENS CONDOMINIUM ASSOC., INC.
REQUEST FOR ALTERATIONS, MODIFICATIONS OR ADDITIONS

Date: _____

I/We, (Owner of Record) _____, hereby request approval by the Association for the modifications shown below to unit number _____ at Coquina Gardens.

Home Phone No. _____ Work Phone No. _____

ALTERATION BEING REQUESTED: (Please describe in detail as size)

Please include the following:

- | | |
|--------------------------------------|--|
| * Name of Company Performing Work | * Certificate of Insurance |
| * Certificate of Workers' Comp. Ins. | * Copy of Occupational License * Permits (Where Applicable) |

Note: Applicant understands and acknowledges that any approval of the work requested under this Application is subject to and contingent upon Applicant being responsible for all costs associated with any code upgrades to Association property that will be required as a result of the work requested hereunder, and in signing this Application, Applicant agrees not only to pay for any such costs, but to further indemnify and hold the Association harmless therefore, as well as for any damage incurred to Association property in connection with the work requested.

DRAWING ATTACHED:

If no drawings are attached, please use the area provided on page 2 of this form.

I/We hereby make application to Coquina Gardens for the above-described item to be approved, in writing.

I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that if this request is granted "AS PRESENTED", the work must be completed as presented.

Should this Application be approved, Applicant agrees to pay for all costs associated with any code upgrades to Association property that will be required as a result of the work approved, as well as any damage incurred to the Association property in connection with the requested work; Applicant agrees not only to pay for any such costs, but to further indemnify and hold the Association harmless therefore.

Signature of Applicant

Signature of Applicant

Print Name and Title of Above

Print Name and Title of Above

Please sketch your improvements as much to scale and location to existing structures on the property.

A full-page view of a blank sheet of white graph paper. The grid consists of thin, light gray horizontal and vertical lines forming small squares. There are 20 columns and 18 rows of squares. The grid covers most of the page, leaving a narrow margin at the top and bottom.

Please return form and all information to the address below:

Coquina Gardens Condominium Association, Inc.
c/o Volhr Corporation
1000 N. Collier Blvd., Suite 9
Marco Island, FL 34145

The above request for modification to unit number _____ dated _____ has been:

[] Approved

☐ Disapproved

[] Approved with the Following Changes:

Dated: _____

By: _____