

Cedar Ridge at Autumn Woods Condominium Association, Inc.

Alteration & Modification Request

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:
(NOTE: This is a two page form. Both pages must be completed & submitted)

OWNER INFORMATION

Name(s)

Cedar Ridge Address

Phone #

Cell #

Other Phone #

Email Address

MODIFICATION REQUEST TYPE

_____ Exterior Appearance (i.e. shutters)

_____ Structure (i.e. walls)

_____ Electrical/Plumbing (change from original installation)

_____ Common Elements (i.e. enclosing lanai)

_____ Flooring (i.e. replacing carpeting with tile)

_____ Other

Explanation of Modification

You must submit a drawing for any modification and/or vendor's brochure. The drawing should include a site plan and the scale should be 1/2 inch = 1 foot. Please list sizes and materials to be used.

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CONTRACTOR INFORMATION

Name _____		
Address _____		
City _____	State _____	Zip _____
Phone # _____	Fax # _____	

DISCLAIMER AND SIGNATURE

1. Actual construction shall be performed by a fully insured licensed contractor. All applicable codes and regulations must be in compliance and all necessary permits will be obtained at my/our expense.
2. I/we have read all applicable sections of the Bylaws and I/we understand same.
3. All maintenance of this alteration/modification will be performed at my/our expense.
4. I/we understand that, should any legal regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/our expense.
5. Any maintenance cost incurred by the Association, as a result of this variance, will be at my/our expense.
6. This alteration/modification is subject to all requirements of the Bylaws and other applicable regulations.
7. I/we understand that it is my/our responsibility to advise future assigns and of their responsibility for same.
8. All of the above information is truthful and accurate.

Signature _____	Date _____
Signature _____	Date _____

****NO WORK SHALL COMMENCE BEFORE RECEIVING BOARD APPROVAL****

REQUEST REQUIREMENTS

Please be aware that an incomplete request package will cause delays in processing. The following items must be included in order for Anchor Associates and the Board of Directors to proceed:

- _____ Completed Alteration & Modification Request form
- _____ Drawing and/or Vendor Brochure
- _____ Copy of Contractor's License
- _____ Copy of Contractor's Insurance

Return this request to:

Cedar Ridge at Autumn Woods
Condominium Association, Inc.
c/o Anchor Associates, Inc.
3940 Radio Road, Suite 112
Naples, Florida 34104
(239)649-6357 phone (239)649-7495 Fax
admin@anchormanagers.com



Request Approval

_____ Approved
_____ Disapproved

Date _____
By _____
Board Officer or Director