

A Corporation Not-For-Profit

Owner(s) Name	Unit Number of Proposed Work
Owner(s) Address (if different)	Email Address (optional)
Telephone Number	Cell Number

Description:

(attach additional sheet(s) as required).

1. Literature from the proposed vendor/contractor,
2. Estimated start_____ and completion dates_____.
3. Any additional information to support this request,
4. Acknowledgement by contractor(s) as to obligations to Association,
5. **The Unit owner must obtain and prominently display all required permits prior to start of work. Copies to be supplied to the office.**
6. A Sarasota County licensed and insured contractor must perform any contract work.

Revised February 2016

SIESTA GULF VIEW CONDOMINIUM ASSOCIATION

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BOARD APPROVAL is received. The Applicant is responsible for retaining the signed approval during the work and thereafter in the house documents for this address.

Owner(s) Signature _____

Date of Request _____

Owner(s) Signature _____

Date of Request _____

(NOTE: All Owners must sign this application)

Submit request and essential documentation to: Julie Trimpe, Property Manager

FOR USE BY ADHOC ALTERATION ADVISORY COMMITTEE (AAAC)

AAAC Action: () RECOMMEND APPROVAL () RECOMMEND DISAPPROVAL

Conditions/Remarks: _____

Signature: _____ Date: _____

BOARD ACTION

APPROVED () DISAPPROVED () Comments: _____

Signature: _____ Date: _____

PROPERTY MANAGER'S ACTION

RETURNED WITHOUT ACTION () FORWARDED FOR ACTION TO: _____

Comments: _____

Signature: _____ Date: _____

Attachments: Sarasota County Building Permit Requirements Guidelines