SIESTA GULF VIEW CONDOMINIUM ASSOCIATION

A Corporation Not-For-Profit

ALTERATION REQUEST FOR INTERIOR CHANGES

Owner(s) Name	Unit Number of Proposed Work
Owner(s) Address (if different)	Email Address (optional)
Telephone Number	Cell Number
<u>D</u>	escription of Interior Changes
accompanied, where appropriate, by f structures. Also, this Request must in and all additional information necessar and, when appropriate, the Sarasota C	alteration renovation changes, additions or modifications, etc., loor plans, dimensions from existing lines to the proposed work or iclude proposed manufacturer/trade name, colors, patterns, materials ry for the appropriate review committee and the Board of Directors ounty Building Department to make informed decisions. Failure to greturned without action or held until the necessary information is
Description:	
(attach additional sheet(s)	as required).
5. The Unit owner must obtain a work. Copies to be supplied to	ndor/contractor, and completion dates upport this request, r(s) as to obligations to Association, nd prominently display all required permits prior to start of

Conditions of Approval

- 1. The Owner(s) are solely responsible for the accuracy of this alterations request.
- 2. To the extent alterations are made that are not approved by the Siesta Gulf View Board of Directors, the Association may require the Owner(s) to return the unit to its condition prior to the alterations.
- 3. The Owner(s) will arrange for access to the building by the contractor(s).
- 4. To the extent the Association is required to clean up after completion of the work, or to make repairs as a result of the work, the Owner(s) will pay the cost of the clean up and/or repairs.

The undersigned Owner/Applicant acknowledges he/she understands, and will comply with, the Conditions of Approval and further agrees that NO WORK WILL COMMENCE until SIGNED.

SIESTA GULF VIEW CONDOMINIUM ASSOCIATION

A Corporation Not-For-Profit

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 (NOTE: All Owners must sign this application)	Date of Request
Submit request and essential documentation to:	Julie Trimpe, Property Manager
FOR USE BY ADHOC ALTER	ATION ADVISORY COMMITTEE (AAAC)
	YAL () RECOMMEND DISAPPROVAL
	Date:
	ents:
Signature:	Date:
PROPERTY	MANAGER'S ACTION
RETURNED WITHOUT ACTION () FORW	ARDED FOR ACTION TO:
Comments:	
Signature:	Date:

Attachments: Sarasota County Building Permit Requirements Guidelines