

Central Park II Condominium Association, Inc.

Application Request for Unit Alteration

Name: _____ Unit # _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Email: _____ Cell # _____

Required: (Attach any drawings, plans and detailed description of proposed work)

Name of Licensed Contractor: _____

Address: _____ Primary Phone _____

City: _____ State: _____ ZIP: _____

Attach copy of contractor's license and certificates of insurance. \$1,000,000 Minimum General Liability is required. Workers Comp insurance and Commercial Auto Insurance required where applicable.

Attach a copy of Required City Permits. Questions: call the City of Sarasota Building Division 941-365-3200 ext: 4156)

Work Schedule & Date of Completion: _____

(Workday hours 8AM to 5PM Monday thru Friday; Saturdays 11AM to 5PM. No work on Sundays)

Association dumpsters are not to be used for disposal of construction waste. Owner and contractor are responsible for disposal of all waste material from Unit.

The proposed alteration will not cost the association any monies nor will it affect association insurance policies.

Owners (s) Signature: _____ Date: _____

Manager's Approval: _____ Date: _____