

SUGAR SANDS CONDOMINIUM ASSOCIATION, INC.
INTERIOR / EXTERIOR ALTERATION APPLICATION

4 12 2011

RETURN THE COMPLETED FORM AND ALL REQUESTED INFORMATION TO: The Design Review Committee;
Sugar Sands Condominium Association, Inc.; 1242 North Sugar Sands Boulevard; Riviera Beach, Florida 33404

Print Owner's Name _____ **Bldg** _____ **Unit** _____ **Phone** _____

INSTRUCTIONS: Describe the alteration below. Please include diagrams along with a written description of the desired alteration (attach additional pages if needed).

Initial ____ **Certain changes may require city permitting, it is your responsibility to check with the Riviera Beach Building Department and acquire the permit if one is required.**

Initial ____ **All new washing machine installations require proof of permit to the office before installation is started.**

All interior and exterior alterations must conform to Sugar Sands standards and specifications. All work regarding the requested alteration is to be performed at the owner's expense. It is the **unit owner's** responsibility to make sure that **none** of the debris is placed in a building dumpster. On a daily basis, all debris must be taken off the property.

NO debris shall be placed in the condominium common areas. Sugar Sands may conduct a final inspection.

Initial ____ **If This Modification Is A Hindrance To Future Association Related Maintenance Or Repairs, The Owner Of The Unit At The Time Of The Needed Maintenance Or Repair Will Be Financially Responsible For The Removal And Reinstallation Of The Modification With The Association Securing The Contractor.**

Initial ____ **I accept all liability associated with this alteration. I understand and agree that the condominium association has NO liability during the conduct of or in the future for this alteration.**

** Reminder: All hard surface flooring above the ground floor must be installed with an appropriate under-layment that meets or exceeds the sound-deadening quality of quarter inch cork (STC 50).

The anticipated date of commencement is _____.

Alteration Description _____

Owner's Signature: _____ **Dated:** _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Design Review Committee Recommendation: Approve _____ Deny _____

Date of Board Approval or Denial _____

(____) **Approved** with the following provision(s): **Approval Is Contingent On Sugar Sands Receipt Of The Following Prior To The Commencement Of Work: Permit (For washer only), Contractor Liability & Workers Compensation Insurance Designating Bldg. / Unit Where Work Is To Be Performed and with Sugar Sands named as an additional insured, Contractors Information Including Mailing Address - Contact Numbers & License Number.** Reapplication will be required if work is not commenced within 6 months of the date of board approval.

Other approval provisions _____

(____) **Denied** for the following reason(s): _____

Completion Inspection Date: _____ Signature _____

Comments: _____