

## Individual Unit Modification Form

**Brief description of proposed modification:** (Please be specific; use additional pages if needed)

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Unit # \_\_\_\_\_ Affected Room(s): \_\_\_\_\_

Flooring Replacement:

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Windows Modifications:

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Kitchen Modifications: Cabinets, counter tops, other:

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Bathroom(s) Modifications:

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Other Modifications: Electrical, plumbing, wiring, etc.:

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DO THE MODIFICATIONS INVOLVE ANY STRUCTURAL CHANGES TO THE UNIT? Yes / No

If Contractor is being used:

CONTRACTOR NAME(S), STATE LICENSE NUMBER AND PROOF OF INSURANCE:

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OWNER HAS PROVIDED A COPY OF BANANA BAY CONTRACTOR RULES, INFORMED CONTRACTOR OF THE DAYS AND TIMES WHEN WORK IS ALLOWED ON THE CONDOMINIUM PREMISES: Yes / No

OWNER ACKNOWLEDGES AND UNDERSTANDS THAT REPAIRS AND/OR CLEANING TO COMMON AREAS NEEDED BECAUSE OF CONTRACTOR WORK WILL BE BILLED TO THE UNIT: Yes / No

START DATE: \_\_\_\_\_ FINISH DATE: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Signature of Owner \_\_\_\_\_

Print Owner's Name \_\_\_\_\_}}

**(IMPORTANT NOTE: Please attach a drawing, plan or detailed written description of the proposed modification.)**

APPROVED? Yes / NO

BOD Officer \_\_\_\_\_ Date: \_\_\_\_\_