



Owner Application for Installation/Modification of Gutters/Downspouts

Bayside Condominiums Association of Brevard, Inc.

c/o Management: Clover Key, Inc.

(Office/Fax: 321-735-7624) or Email office@cloverkeyservices.com

Name: _____ Unit _____

Location of Gutters/Downspouts: _____

Gutter Contractor Name/Phone: _____

Estimated Date of Install: _____

It is requested that I (we) be permitted to install/modify gutters/downspouts for the subject unit. I (we) agree to be in accordance with the specifications set by the Association.

- Approval by the Board of Directors prior to the installation of the gutters/downspouts.
- A copy of the contract/estimate, showing specifications of installation (size, location, etc)
- All gutters/downspouts must be white.
- Any modifications to the existing roof/fascia required for gutter installation will be the responsibility of the Association.

The undersigned agree to the terms above:

Owner(s) signature: _____ Date: _____

Date: _____

Board representative signature: _____ Date: _____