

Individual Unit Modification Form

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

Unit # _____ Affected Room(s): _____

Flooring Replacement:

Windows Modifications:

Kitchen Modifications: Cabinets, counter tops, other:

Bathroom(s) Modifications:

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

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:

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: _____
Or Manager