

3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 Ph: (561) 641-8554 / Fx: (561) 641-9448

## SHEFFIELD WOODS AT WELLINGTON CONDOMINIUM ASSOCIATION, INC. REQUEST FOR MODIFICATION APPLICATION

nit No.:
e address indicated a
censed Contractor

Please complete and sign this form and attach the following information, if applicable.

- 1. <u>Application Processing Fee of \$25.00 payable to GRS Community Management in the form of money</u> order or cashier's check.
- 2. Copy of contractor proposal and sketch of work to be done.
- 3. Copy of contractor's occupational license.
- 4. Copy of contractor's liability and/or occupational insurance certificate naming 'Sheffield Woods at Wellington Condominium Association' (at the above referenced address) as the Certificate Holder and as Additional Insured and a copy of Workman's Compensation Insurance Certificate.
- 5. Copy of all Permit Application(s) and sign off when completed for all applicable modifications.

## Materials you <u>may</u> need to provide to the Association for the approval of the requested changes or modifications.

- 1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
- 2. A sample of the type and texture of any building materials that may be used on the unit's interior.
- 3. Any other materials or information that may assist in Association evaluation of the project.
- 4. Copy of unit owner's floor plan indicating location of changes or modifications.
- 5. Window/frame installation must be bronze in color and meet all Miami/Dade codes.

## It is understood that the changes or modifications which you are requesting may not:

- 1. Interfere with or obstruct with any common utility source or modify any structural and/or load-bearing partitions or exterior doors.
- 2. Cause a nuisance or interference with the peace or privacy of the other people in the community.
- 3. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
- 4. Contractors are permitted to work Monday through Friday. Work on Saturday is permitted if no noise will be audible beyond the unit the work is being performed. Work may NOT commence prior to 8:00 a.m. or after 4:00 p.m. Monday through Saturday. <u>Contractors may not work on Sunday or public holidays</u>.

As a condition precedent to granting approval of any request for a change, alteration, or addition to an existing basic structure that the applicant, the heirs, and assigns thereto, hereby assume sole responsibility for the repair, maintenance, or replacement of any such change, alteration, or addition. It is understood and agreed that the ASSOCIATION, is not required to take any action to repair, replace, or maintain any such approved change, alteration, or addition or any damage resulting therefrom for any reason to the existing original structure, or any other property. THE UNIT OWNER ASSUMES ALL RESPONSIBLITY AND COSTS FOR ANY ADDITION OR CHANGE, AND ITS FUTURE UPKEEP PLUS ANY WORK THAT HAS TO BE DONE ON THE COMMON GROUNDS THAT IS AN ADDED EXPENSE BECAUSE OF THIES ADDITION OR CHANGE.

Unit Owner(s) Signature:	Date:
REQUEST FOR MODIFICATION:	
Approved Conditionally Appro	ved Disapproved
Comments:	
Authorized Signature:	
RE: CODES	
Please be advised this Request for Modification approval is subject t conditions required.	o County Codes, setbacks, and permit
If at a later point it is found the unit owner(s) has not complied with will be held responsible for any and all changes that would be requi	
Unit Owner Signature:	Date:
Unit Owner Signature:	Date:
WAIVER OF LIABLITY:	
The undersigned hereby agrees any, and all liability caused by arising from of susceptibility to loss on the described premises shall not be held against appear", and they shall be held harmless from any liability arising therefrom expenses, and attorney's fees in connection with any such addition to the	the ASSOCIATION, "as their interest may m and indemnify them for all losses, cost
Unit Owner Signature:	Date:
Unit Owner Signature:	Date: