CAMBRIDGE "E" CONDOMINIUM ASSOCIATION INC.

ARCHITECTURAL MODIFICATION APPLICATION FORM

DATE ______ BUILDING ______ UNIT # ______

UNIT OWNER (APPLICANT): _____

TELEPHONE #_____

_____ EMAIL _____

TYPE OF MODIFICATION BEING REQUESTED (Please describe in details. Include material, color, size/dimensions or areas involved).

ARCHITECT'S PLANS & DRAWINGS AND/OR MATERIAL SPECIFICATIONS MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. COPIES OF CONTRACTORS' CURRENT CERTIFICATE OF INSURANCE LISTING CAMBRIDGE "E" CONDOMINIUM ASSOCIATION INC. AS CERTIFICATE HOLDER AND LICENSE IS REQUIRED. ANY PERMITS REQUIRED BY THE CITY OF DEERFIELD BEACH MUST BE PROVIDED PRIOR TO COMMENCING WORK.

I / We hereby make application to Cambridge "E" Condominium Association, Inc. for the above described item to be approved in writing.

I / We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification / installation is done without the approval of the Association, the Association may force the removal of the modification/ installation and subsequent restoration to original form at my expense.

I / We understand that the check for \$500.00 is required as a deposit for any damages to common association property and will notify the Management within 30 days of completion whereupon check will be returned.

I / We understand that any damages to the building, catwalks, elevator or any common property during remodeling or other activities relating to the remodeling, will be the financial responsibility of the unit owner and/or contractor.

I / We give permission to the Board or its agents to enter the property at reasonable times to inspect for compliance.

All contractors are responsible for removal of debris as a result of improvements. Upon approval, I will schedule with the Management in advance for the installation date(s).

Applicant		
Applicant	Date	
	This Section for Office Use Only	
APPLICATION APPROVED	APPLICATION DENIED	
X	Date:	