

# Jupiter Beachcomber Condominium Association, Inc.

## REQUEST FOR ALTERATION

*To be completed by Homeowner:*

Date:	Date Received:	Received By:	
Homeowner Name:		Telephone#	
Unit Address:		Lot #	
Proposed alteration or maintenance:			
<p>Construction, installation, alterations and colors shall be in strict accordance with the approved drawings and notes on the drawings. Approval of this request is contingent upon your acceptance of total responsibility for repair of any and all damage which may occur to existing landscaping, irrigation systems, drainage, concrete drives and walks, fences, walls electrical and electronic lines or equipment and any external portion of your/any residence in the process, or as a result of said alteration or maintenance and completion of the alteration or maintenance and all repair work, which may be necessary within 10 working days of the completion dated shown below. Further you will remedy in a timely manner and to the sole satisfaction of Beachcomber Condo Association, Inc. all grievances which may be forthcoming as a result of this work. <u>A deposit check of \$500 must be submitted with this application. The deposit will be returned less the cost of removing any debris left by the contractor or repairing any damage to the common elements related to the project.</u> Commencement of the alteration or maintenance work constitutes acceptance of these conditions.</p>			
Contractor Name:		Telephone #:	
Contractor Address:		Contractor license #:	
Proposed Start Date:		Proposed Completion Date:	
The Homeowner shall notify the property Manager when project is complete so that an inspection may be scheduled.			
The Architectural Control Committee requires three sets of drawings. For physical alterations such as patio additions, pools, etc., each set must contain a survey/plot plans, drawings and sketches of the proposed improvement. One set stays in your folder at the Association. The Town of Jupiter requires two sets for your contractor to apply for your building permit.			
I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES.			
Homeowner Signature:		Contractor Signature:	
Date:		Date:	
TO BE COMPLETED BY THE ARCHITECTURAL CONTROL COMMITTEE.			
Approved:	Denied:	Signature:	Date:
Comments/Inspection Results:			