

REQUEST FOR ARCHITECTURAL CHANGE
KEY HARBOUR CONDOMINIUM ASSOCIATION, INC.

Date: _____

I, (We), the undersigned owner(s) of Unit # _____ request permission to: _____

Desired Start Date: _____

Estimated Completion Date: _____

If a contractor is being used, please attach plan or diagram to this form and provide the information below:

Name of Contractor: _____ Address: _____

Telephone: _____ License #: _____

The contractor must be approved by the Association and must be able to furnish required Certificate of Insurance Coverage. If the change requires a relocation of sprinkler heads, only the workmen from the Association will be allowed to perform this work, and this expense (labor and material only) will be charged back to the individual requesting the change.

ALTHOUGH THE ASSOCIATION RESERVES THE RIGHT TO REVIEW AND APPROVE CONTRACTORS, SUCH RESERVATION DOES NOT CONSTITUTE A WARRANTY BY THE ASSOCIATION AS TO THE QUALITY OF WORK PERFORMED BY SUCH CONTRACTOR.

I/WE AGREE TO BE RESPONSIBLE FOR ANY DAMAGE TO ANY COMMON OR LIMITED ELEMENTS AS A RESULT OF THIS MODIFICATION.

Unit Owner Signature

Unit Owner Print Name

Telephone () _____ Mail Address: _____

Fax Number () _____ Email Address: _____

Date Approved: _____ Date Rejected: _____ Date Other Decision Made: _____

Reason Rejected or other decision: _____

Condominium Association Manager

Chairman Architectural Review Committee

Date of Disposition by Board of Directors (if necessary) _____

**POST APPROVED ARCHITECTURAL REQUEST ON EXTERIOR OF ENTRY DOOR UNTIL
PROJECT IS COMPLETED AND HAS HAD FINAL INSPECTION**

Key Harbour Signature for Interim Inspection

Date

Key Harbour Signature for Finished Project's Final Approval

Date of Final Approval

Mail Completed Application To :

PREMIER CAM SERVICES, PO Box 152047, Cape Coral, FL 33915