

River Place Townhouse Association
EXTERIOR UNIT MODIFICATION
APPLICATION

Name _____
 Unit/Home# _____
 Date _____

List all contractors that will be working on your modification.

Name/Phone _____
 Name/Phone _____
 Name/Phone _____
 Name/Phone _____

Check off areas applicable to your anticipated modification.

Electrical	<input type="checkbox"/>	Living Room	<input type="checkbox"/>
Cable	<input type="checkbox"/>	Dining Room	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	Bed Rooms	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	Bath Rooms	<input type="checkbox"/>
Walls	<input type="checkbox"/>	Hallways	<input type="checkbox"/>
Ceilings	<input type="checkbox"/>	Lanai	<input type="checkbox"/>
Doors	<input type="checkbox"/>	Other	<input type="checkbox"/>
Shutters	<input type="checkbox"/>		

Date Modification is scheduled to begin. _____ Date of Completion _____

Description of Modification.

Please use the reverse side of this form if you require more space.

I hereby certify that the above modification information is factual and conform to all State, County, City Codes and to the governing documents of this Association.

Copies of all applicable permits are attached. _____

Date: _____

I hereby certify that the above modification information is factual and conform to all State, County, City Codes and to the governing documents of this Association. I further certify that permitting is not required for these modifications. _____

Date: _____

River Place Townhouse Association, Inc.

Unit Modification Guidelines

THESE UNIT MODIFICATION GUIDELINES MUST BE SIGNED BY AT LEAST ONE UNIT OWNER FOR THE UNIT BEING MODIFIED AND THE GENERAL CONTRACTOR FOR THE PROJECT, OR IN THE EVENT THAT THERE IS NO GENERAL CONTRACTOR, THE SUPERVISOR OF EACH CONTRACTOR INVOLVED IN THE PROJECT.

1. All work modifications must be completed between the hours of 8:00 AM and 6:00 PM, Monday through Saturday. No work will be performed on Sundays or holidays except by special authorization and prior written approval of Management and never before 8:00 AM or after 6:00PM.
2. Prior to beginning modifications, unit owners must complete and sign the Unit Modification Application and a copy of these Unit Modification Guidelines, which may be obtained from Management. The Unit Modification Application will require a description of all modifications. Owners must determine if their modifications require City, County or State permitting and complete any applicable permitting process. Should permitting be required, copies of the permits will be required when the Modification Application is submitted to Management. A copy of the permitting officer's final inspection must be submitted to Management when obtained.
3. Clean up of all trash and working areas used for unit modification activities are the responsibility of the contractor and the unit owners. Trash created by a contractor must be carried off Association property by the contractor.
4. Modifications which will change the exterior appearance of a unit MUST have prior written approval of the Board of Directors.

PLEASE BE ADVISED THAT THE OWNER OF THE UNIT FOR WHICH THE MODIFICATIONS ARE TAKING PLACE IS RESPONSIBLE FOR INSURING THAT CONTRACTORS ADHERE TO THE GUIDELINES AND ALL OTHER TERMS AND CONDITIONS OF THE GOVERNING DOCUMENTS OF THE ASSOCIATION, AS APPLICABLE TO CONTRACTORS. ANY CLEAN UP, TOUCH UP OR REPAIRS REQUIRED BY THE ASSOCIATION DUE TO NEGLIGENCE OR MISUSE OF ASSOCIATION PROPERTY BY AN OWNER OR A CONTRACTOR WILL BE CHARGED TO THE UNIT OWNER AT A RATE OF \$30.00 PER HOUR (ONE HOUR MINIMUM) PLUS COST OF MATERIALS. SHOULD OUTSIDE CONTRACTORS BE REQUIRED FOR SUCH RESTORATION, ALL SUCH CONTRACTOR CHARGES WILL BE INVOICED TO THE UNIT OWNER.

Printed Name of Unit/Home Owner

Unit/House #

Signature of Unit/Home Owner

Name of Contractor

Telephone Number of Contractor

Signature of Contractor