CAPRI D ASSOCIATION, INC.
Managed By: **Wilson Landscaping & Management Corp.**
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Phone
(561)637-3407 Fax
www.wilsonmanagement.net
info@wilsonmanagement.net

PROPERTY IMRPOVEMENT REQUEST

Date: _____

Unit Owners: _____

_____

_____

1. These sheets are the **"Property Improvement Request"** form to be completed by the owner. Please return the completed form to the above address with all pertinent material for your specific project including copies of contractor license and insurance information.

2. Please read the form in detail and refer to your copy of the Association's governing documents for more information on alterations.

3. The approval process requires the signature of the Association President.

4. The Association has thirty (30) days to respond. **No Work** is to commence **prior** to receiving **approval**. Fines may be levied for failure to comply.

5. You will receive the "Approved" or "Not Approved" form in the mail, at which time you may schedule the work to begin.

6. All contractor waste is to be removed from the property. Kings Point Dumpsters are not for this purpose. Old appliances must also be removed by the vendor who delivers the new appliances.

7. All contractors are prohibited from working on the common elements. This includes, but is not limited to, storage of work materials, storage of work tools, cutting of material, painting of material, etc.

8. The external property surrounding the area where work is done (walkway, front of building, back of screened or enclosed Florida room) must be kept in pristine condition. All work must be cleaned up by the Unit owner or their Contractor to a minimum of the condition it was prior to starting any work. If this is not done within 5 days after the work is done, the Association will bill the cost of having the cleanup completed to the Unit owner and the Unit owner will pay this expense.

9. Please include a copy of the license for the contractor completing the work.

10. Please include a copy of a Certificate of Insurance for both Liability Insurance and Workman's Compensation Insurance. The Certificate Holder should match the Association's name and address at the top of this page.

11. Any questions may be directed to the Association Property Manager at 561-637-3402.

PROPERTY IMPROVEMENT REQUEST

CAPRI D ASSOCIATION

DATE: _____ APPROVAL DATE (valid for 60 days): _____

OWNER NAME: _____ PHONE: _____

UNIT ADDRESS: _____ E-MAIL ADDRESS: _____

CONTRACTOR INFORMATION: **(COPIES OF LICENSE & INSURANCE ARE REQUIRED including listing Capri D Association as additionally Insured on the Contractors Policy).** Please attach each contractor's information to this form.

NAME: _____ PHONE: _____

ADDRESS: _____

_____

Describe in detail the type of improvement and materials to be used on a separate sheet of paper and attach it to this form for submission.

Any application for approval which will occur outside the present exterior walls of the building must be accompanied by a sketch indicating size, location, type of construction, etc.

Tile or laminate installation on the 2nd floor must have cork sub-flooring or appropriate approved sub-flooring installed (no exceptions).

Approval covers aesthetics only and is not to be construed as approval of any county code requirements. A **permit** from Palm Beach County is **required** on all property alterations and/or improvements. All work must be performed by a licensed and insured (including Workers' Comp.) contractor.

Prior to granting any request for a change, alteration or addition to an existing approved basic structure, the applicant, heirs, or assigns thereof, hereby assume sole responsibility for the repair, maintenance and or replacement of any such change, alteration, or addition. It is understood and agreed that the Association and/or its management company may not be required to take any action to maintain, repair or replace any such approved change, alteration or addition or damage resulting there from to an original structure.

THE OWNER ASSUMES ALL RESPONSIBILITY FOR ANY CHANGE, ALTERATION OR ADDITION. ALL PATIO ENCLOSURES MUST BE PAINTED TO CONFORM TO BUILDING COLORS WITHIN 30 DAYS OF INSTALLATION. SEE BUILDING DIRECTOR FOR PAINT.

OWNERS SIGNATURE: _____ DATE: _____

PRESIDENT: _____ **( ) Approved ( ) Not Approved**