## FLANDERS C ASSOCIATION, INC.

Managed By: Wilson Landscaping & Management Corp. 1300 NW 17<sup>th</sup> 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. 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.
- 8. Please include a copy of the license for the contractor completing the work.
- 9. 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.
- 10. Any questions may be directed to the Association Property Manager at 561-637-3402.

## PROPERTY IMPROVEMENT REQUEST

## FLANDERS C ASSOCIATION

DATE:	APPROVAL DATE (valid for 60 days):
OWNER NAME:	PHONE:
UNIT ADDRESS:	E-MAIL ADDRESS:
•	NSE & INSURANCE ARE REQUIRED including listing Flanders C Association as Please attach each contractor's information to this form.
NAME:	PHONE:
ADDRESS:	
Describe in detail the type of improvement and submission.	d materials to be used on a separate sheet of paper and attach it to this form for
Any application for approval which will occur or indicating size, location, type of construction, e	utside the present exterior walls of the building must be accompanied by a sketch tc.
Tile or laminate installation on the $2^{nd}$ floor mu exceptions).	st have cork sub-flooring or appropriate approved sub-flooring installed (no
	e construed as approval of any county code requirements. A <b>permit</b> from Palm tions and/or improvements. All work must be performed by a licensed and
assigns thereof, hereby assume sole responsibilial alteration, or addition. It is understood and agree	ration or addition to an existing approved basic structure, the applicant, heirs, or lity for the repair, maintenance and or replacement of any such change, eed that the Association and/or its management company may not be required e any such approved change, alteration or addition or damage resulting there
	R ANY CHANGE, ALTERATION OR ADDITION. ALL PATIO ENCLOSURES MUST BE WITHIN 30 DAYS OF INSTALLATION. SEE BUILDING DIRECTOR FOR PAINT.
OWNERS SIGNATURE:	DATE:
PRESIDENT:	( ) Approved ( ) Not Approved