



CONDOMINIUM ASSOCIATION, INC

ARCHITECTURAL MODIFICATION APPLICATION FORM

DATE: _____ Unit #: _____

UNIT OWNER (APPLICANT): _____

PROPERTY ADDRESS: _____ EMAIL: _____

TELEPHONE #: (CELL) _____ (WORK) _____

TYPE OF MODIFICATION BEING REQUESTED

(Please describe in detail. Include material, color, size/dimensions/ and areas of work.)

MUST PROVIDE ATTACHED TO FORM

- Architect's plans & drawings and/or material specifications with survey if required for the work the Contractor will be doing. Must be attached before application will be considered.
- Copies of contractors' current certificate of insurance and license. Contractor must add Village at Dadeland as an additional insured before application will be considered and provide COI copy.
- Estimate from Contractor approved by Owner signed with specifications of the work.
- Upon association approval, Owner/Contractor is responsible to open Building/Zoning permit with Miami Dade County. Owner/Contractor is responsible for all fines levied for not getting a permit and working without a permit from Miami Dade County.

I hereby understand the application modification form must all be submitted in writing and to be true. I hereby understand and acknowledge that approval of this request must be granted before work is to commence.

I hereby understand if work is commenced without the approval of the association, the association may force the removal of the modification/ installation and subsequent restoration to original form at my expense.

I understand all contractors are responsible for removal of all debris because of improvements.

Upon approval, remember to schedule with the management office in advance for the installation date(s).

Owners are responsible for maintaining all architectural modifications done to unit.

Association is not liable for any changes done to the unit and any other modification not approved by board of directors.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

This Section For Office Use Only

APPLICATION APPROVED

APPLICATION DENIED

Print Name

Signature

Date

7440 SW 82ND ST MIAMI, FL 33143

Email: Villageatdadelandadmin@gmail.com Office: 305.667.2991