

**Attachment 4**  
**APPLICATION FOR MAJOR ALTERATIONS**

DATE: \_\_\_\_\_  
Unit Owners Name(s) \_\_\_\_\_

UNIT # \_\_\_\_\_

Date work will commence: \_\_\_\_\_  
Estimated completion date: \_\_\_\_\_  
Description of the work to be performed: \_\_\_\_\_

List of Drawings Attached: \_\_\_\_\_  
Contact Information for the Professional that prepared the Drawings: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_

(1) Will a torch be used: Yes \_\_\_ No \_\_\_ (2) Any changes to Fire Sprinklers: Yes \_\_\_ No \_\_\_  
(3) Is tankless water heater to be installed: Yes \_\_\_ No \_\_\_ (4) Any heavy or noisy equipment to be used? Yes \_\_\_ No \_\_\_

**A COPY OF THE REMODELING PLANS, PERMIT AND CERTIFICATES OF WORKERS COMP. AND LIABILITY INSURANCE MUST BE ATTACHED TO THIS APPLICATION, FOR ALL CONTRACTORS**

Contractor(s) company names: (List all contractors, subcontractors, or other companies associated with remodeling project, on next page.

General Contractor: \_\_\_\_\_ License #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Company phone number: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

REQUIRED Emergency number (Weekends/After hours): \_\_\_\_\_

**I HEREBY CONFIRM THAT I HAVE BEEN PROVIDED A COPY OF THE CONTRACTOR RULES.**

OWNER(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GENERAL CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Work hours are 9:00 AM to 4:30 PM Monday through Friday and are **STRICTLY ENFORCED.**

Building Committee Approval By: \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

L'Elegance Board Approval By: \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR:

\_\_\_\_\_  
COMPANY PHONE NUMBER:

\_\_\_\_\_  
CELLPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS

\_\_\_\_\_  
REQUIRED EMERGENCY NUMBER (WEEKENDS/AFTER HOURS):

SUBCONTRACTOR: \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR:

\_\_\_\_\_  
COMPANY PHONE NUMBER:

\_\_\_\_\_  
CELLPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS

\_\_\_\_\_  
REQUIRED EMERGENCY NUMBER (WEEKEND/AFTER HOURS):

SUBCONTRACTOR: \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR:

\_\_\_\_\_  
COMPANY PHONE NUMBER:

\_\_\_\_\_  
CELLPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS

\_\_\_\_\_  
REQUIRED EMERGENCY NUMBER (WEEKENDS/AFTER HOURS):

SUBCONTRACTOR: \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR:

\_\_\_\_\_  
COMPANY PHONE NUMBER:

\_\_\_\_\_  
CELLPHONE NUMBER:

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
REQUIRED EMERGENCY NUMBER (WEEKENDS/AFTER HOURS):

SUBCONTRACTOR: \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR:

\_\_\_\_\_  
COMPANY PHONE NUMBER:

\_\_\_\_\_  
CELLPHONE NUMBER:

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
REQUIRED EMERGENCY NUMBER (WEEKEND/AFTER HOURS):

SUBCONTRACTOR: \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR:

\_\_\_\_\_  
COMPANY PHONE NUMBER:

\_\_\_\_\_  
CELLPHONE NUMBER:

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
REQUIRED EMERGENCY NUMBER (WEEKENDS/AFTER HOURS):