

Attachment 3
APPLICATION FOR MINOR ALTERATIONS

DATE: _____
Unit Owners Name(s) _____

UNIT # _____

Date work will commence: _____

Estimated completion date: _____

Description of the work to be performed and materials to be used: _____

Will a torch be used: Yes ___ No ___

Any changes to Fire Sprinklers: Yes ___ No ___

Is tankless water heater to be installed: Yes ___ No ___

Any heavy or noisy equipment to be used? Yes ___ No ___

A COPY OF THE 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 # _____

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REQUIRED EMERGENCY NUMBER (WEEKENDS/AFTER HOURS):