Attachment 3 APPLICATION FOR MINOR ALTERATIONS

	UNIT #	
DATE: Unit Owners Name(s)		
Juli Owners Rame(s)		
Date work will commence:		
Votimated completion date:		
Date work will commence. Estimated completion date: Description of the work to be performed and mate	rials to be used:	
270B. (
Will a torch be used: YesNo		
Any changes to Fire Sprinklers: YesNo		
Is tankless water heater to be installed: Yes No		
Any heavy or noisy equipment to be used? Yes No	***	and the second of the second
A COPY OF THE CERTIFICATES OF WORKE	ERS COMP. AND LIABILITY INSU	JRANCE MUST
BE ATTACHED TO THIS APPLICATION, FOR	RALL CONTRACTORS	
Contractor(s) company names: (List all contractors,	subcontractors, or other companies ass	ociated with
remodeling project, on next page.	*	
General Contractor:	License #:	
Company phone number: Cell phone: Email:		
Cell phone: Email:		
	82	
REQUIRED Emergency number (Weekends/After	hours):	
		TRACTOR RULES.
I HEREBY CONFIRM THAT I HAVE BEEN P	ROVIDED A COFT OF THE	
ON INTER ON CICH ATTIDE.	DATE:	
OWNER(S) SIGNATURE:		e
GENERAL CONTRACTOR SIGNATURE:	DATE:	
	A A MARKETON A A MARKETON	non's
Work hours are 9:00 AM to 4:30 PM Monday throu	igh Friday and are STRICTLY ENFO	RCED.
Building Committee Approval By:	(PIII	III Ivairie)
Signature:	Date,	
L'Elegance Board Approval By:		Managara, and the second secon
Signature:		

JBCONTRACTOR:	License #	
JBCONTRACTOR:		
JPERVISOR:		
OMPANY PHONE NUMBER:		
ELLPHONE NUMBER:	E-MAIL ADDRESS	
ELLPHONE NUMBER.		
REQUIRED EMERGENCY NUMBER (WEEK	ENDS/AFTER HOURS):	
SUBCONTRACTOR:	License #	
SUPERVISOR:		
COMPANY PHONE NUMBER:		
COMI ANT THOREST		
CELLPHONE NUBMER:	E-MAIL ADDRESS	
REQUIRED EMERGENCY NUBMER (WEEK	END/AFTER HOURS):	
	I james #	
SUBCONTRACTOR:		CO SALMENOS
SUPERVISOR:		
COMPANY PHONE NUMBER:		
COMPANY PHONE NUMBER.		
CULT DHONE MIMDED.	E-MAIL ADDRESS	
CELLPHONE NUMBER.		
CELLPHONE NUMBER: REQUIRED EMERGENCY NUBMER (WEE)		

IDCOMTDACTOR.	License #
UPERVISOR:	
OMPANY PHONE NUMBER:	
CELLPHONE NUMBER:	E-MAIL ADDRESS
REQUIRED EMERGENCY NUMBER (WEE	KENDS/AFTER HOURS):
SUBCONTRACTOR:	License #
SUPERVISOR:	
COMPANY PHONE NUMBER:	
CELLPHONE NUBMER:	E-MAIL ADDRESS
REQUIRED EMERGENCY NUBMER (WEI	EKEND/AFTER HOURS):
SUBCONTRACTOR:	License #
COMPANY PHONE NUMBER:	
CELLPHONE NUMBER:	E-MAIL ADDRESS
REQUIRED EMERGENCY NUBMER (WE	EEKENDS/AFTER HOURS):