TOWNHOUSES AT JACARANDA CONDOMINIUM ASSOCIATION

8201 NW 8th Street • Plantation, Florida 33324 Phone: (954) 472-2283 • Fax: (954) 472-3857 Email: T.at.Jacaranda@gmail.com

Board of Directors Cynthia Potts, President Tracy Thomas, Vice President Jesus Valdes, Secretary Joshwa Huff, Treasurer David Saldarriaga, Assist Treasurer Yvonne Gamble, Director

Architectural Modification

Date:	Unit Owner Name		
Building & Unit Address			
Email _	Email Phone		
Modific	ation Request:		
The foll	owing information must be submitted with this form:		
1.	Contractor Name		
2.	Contractor Phone #:		
3.	Contractor Address:		
4.	 Copy of General Liability & Workers Comp Insurance Townhouses at Jacaranda Condominium Association; 8201 NW 8th Street, Plantation, FL 33324 – must be placed as additional insured. 		
5.	Copy of State & Occupational License		
6.	 Attach Specifications of Modification (s), Alteration (s) or Addition (s) by Contractor Sample of product that will be used Color 		
7.	Copy of Permit		
8.	Additional Comments:		

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Please note that all financial obligations to the Association must be current before this request will be considered.

- I/We ______ hereby request the Construction Committee to review my application to make the following modification (s), alteration (s) or addition (s) to my unit as described and depicted above or attached to be recommended to the Board of Directors for their written approval.

- I/We ______ agree by signing this form that the work will **not** commence before such approval is granted by a Board of Director's signature on this form.

Signature of Applicant

Signature of Second Applicant

DO NOT WRITE BELOW THIS LINE

Construction Committee Reco	mmendation: Approved	Denied
Comments:		
Construction Committee Signature	Date	-
Board of Directors Decision:	Approved Denied	
Board Member Signature	Date	