

Sussex H Condominium Unit Renovation or Work Approval Request Form

SECTION 1 (to be completed by the unit owner)

Date: _____

Name: _____

Condominium Unit Number: _____

Unit Owners Name: _____

Unit Owners Phone Number: (____) _____

Unit Owners Mailing Address:

Street: _____

Town/City: _____

Prov/State: _____

Postal/Zip: _____

Type of Project (*please check all that apply*) (*please provide details on page 2*):

- Interior
- Change of Flooring
- Change of Plumbing
- Change to Electrical
- Change/Replacement of Window(s) or door(s)
- Other (please provide additional details)

	<u>Yes</u>	<u>No</u>
I confirm I have read the Condominium By-laws and any Restrictive Covenants that may be in place for the condominium or the unit.		
I confirm and understand my obligations as outlined within my Condominium's By-Laws and any Restrictive Covenants that may be in place for the condominium or unit.		
Are you completing this work yourself?		
Will you be hiring a Contractor?		
If yes:		
I have obtained their Liability Insurance information		
I have obtained a copy of their License		
I understand that if the trade does not provide proof of insurance a current license and any other documents that may be required to complete the scope of work The Board will not approve my request.		

Please attach any documents including insurance and scope of work, contractor name and contact information.

Notes and Additional Terms:

- A) To ensure your request is reviewed in a timely manner, please ensure all areas are completed, uncompleted areas will delay your requests review and or approval. *Normal review and response time is 14 business days from the date your "fully" completed form is received by the Sussex H Board.*
- B) Approval of your request is not to be assumed. Your request is only confirmed as approved upon written confirmation from your Board of Directors
- C) As the owner of the unit, you are liable for all related costs to the processing of your request form, as well as any and all work carried out in relation to the work as indicated on this form and as may arise in the normal course of the work.
- D) Sussex H condominium accepts no liability related to the approval or denial of the request, or related in any manner to the work requested and or to be completed.
- E) All work will be done in a professional manner, and all unused materials or refuse disposed of off-site at the unit owners' costs, by the owner or their trade.
- F) The unit owner assumes all liability for their trade and their performance.
- G) All approved work must be completed between the hours of 8am and 6pm, Monday thru Friday, or Saturday between the hours of 9am and 4pm. (Work may not take place on Sundays or calendar holidays.)
- I) Requested work in conflict with the condominiums By-laws: Where any requested work is in direct conflict with the condominiums By-Laws, no approval will be considered. The condominiums By-Laws are legally binding upon all owners and cannot be changed without 75% vote in favor resolution of the owners.
- J) Permits must be obtained as required by the local planning and development office, all related and associated costs are to the responsibility of the unit owner.
- K) All work to be completed must meet the Palm Beach Building Code and all related requirements.
- L) The costs of all related materials and or incurred time to process this request form will be borne by the unit owner, including but not limited to professional fees, permits, drawings, long distance phone calls, etc.
- M) Any provided approvals may be withdrawn at any time by the condominium's Board of Directors, with proper notice and reason.
- N) If your submitted request is denied, and you wish to reapply, a new form must be completed in full, and resubmitted.
- O) If the request is approved, the unit owner is required to keep the approved request form on file for future reference if required. The unit owner is also responsible to provide the approved request form to any new owner for their reference and future use.

Section 2 (to be completed by Sussex H Board of Directors)

Approval Request Review Date: _____

Condominium Bylaw's:

Does the request conflict with the Condominium's Bylaws? _____

What section of the Condominium's Bylaws were reviewed?

Section: _____ Page: _____

Approval Recommended: _____

If no, reason: _____

Board Members Name: _____

Board Members Signature: _____

Board Position: _____

Approval Request Review Date: ____/____/____

Association Seal