## WOODLAKE VILLAS AT PALM AIRE CONDOMINIUM ASSOCIATION, INC.

## **APPLICATION FOR UNIT ALTERATION**

Owner(s) Name:		-			
	First		ddle Last		
Address:					
	treet		City	State	Zip Code
Phono:					
Phone: Home / Busines	Ss Cell Phone		E-Address		
REQUEST (please attach ar	ny drawings, plans, and/or de	etailed descriptic	on of proposed work):		
	provide name, address, and tificate of liability insurance:		s) of contractor(s,) and	attach a co <sub>l</sub>	oy of the
	Permit Not Required Permit Required (if Permit Associal  DULE & PROJECTED COM	tion prior to com	mencement of work)	e submitted	to the
Association has permission underway. All Contractors	will not cost the Association to enter the Unit to make will be informed regarding rance notice to the Association installed in the elevator.	reasonable insperules for cleanup	ection of the proposed and trash disposal, day	alternation s/hours wh	(s) and/or work en construction
Owner's Signature:			Da	te:	
Submit to: <i>Community Ass</i>	ociation Management by St Phone (941-315-			arasota, Flo	orida 34236
Board of Directors' Action	on: Approved	Not Approve	ed		
Signature:				Date:	