



DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
(PRINT OWNER'S NAME)

UNIT #: \_\_\_\_\_

PHONE NUMBERS: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

PROPOSED CHANGES: (ATTACH DRAWING, PLANS, SCOPE OF WORK)

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REQUIREMENTS TO BE SUBMITTED FOR APPROVAL:

- CONTRACTOR'S BUSINESS LICENSE
- CONTRACTOR'S CERTIFICATE OF INSURANCE TO REFLECT AS ADDITIONAL INSURED AND CERTIFICATE HOLDER THE FOLLOWING INFORMATION:  
BAY GARDEN MANOR CONDOMINIUM ASSOCIATION, INC.  
1250 WEST AVE.  
MIAMI BEACH FLORIDA 33139
- OBTAIN PERMITS FROM THE CITY OF MIAMI BEACH (IF APPLICABLE) AND SUBMIT AN APPROVED COPY TO MANAGEMENT PRIOR TO COMMENCING WORK.
- PLUMBING REQUIREMENT: INSTALL A FUNCTIONAL SHUT OFF VALVE FOR THE UNIT (KITCHEN AND/OR BATHROOM)
- PER THE RULES & REGULATIONS:
  - **\$500.00 SECURITY DEPOSIT** - REFUNDED AT THE END OF THE PROJECT CONSIDERING NO DAMAGES TO THE ELEVATORS OR COMMON AREA.
  - **\$100.00 NON-REFUNDABLE** RENOVATION FEE IS REQUIRED PER PROJECT.

**\*\*\*PLEASE NOTE: THE CITY OF MIAMI BEACH FINES \$500.00 FOR FALSE ALARMS. IF A FIRE ALARM IS SET OFF DUE TO THE CONSTRUCTION IN THE UNIT YOU WILL BE RESPONSIBLE FOR THIS FEE.\*\*\***



I HEREBY AGREE TO ABIDE BY THE DECISION OF THE BOARD AND ALSO TO COMPLY WITH THE ASSOCIATION'S, OUR LOCAL GOVERNING AGENCY AND/OR STATE BUILDING CODES, RULES AND RESTRICTIONS. I FURTHER HEREBY ACCEPT FULL LIABILITY FOR ANY DAMAGES TO PRIVATE, COMMON OR LIMITED COMMON ELEMENTS OF THE ASSOCIATION'S THAT MAY BE CAUSED BY THE CONSTRUCTION OF THE PROPOSED CHANGES, IF APPROVED BY THE BOARD.

SIGNATURE OF OWNER: \_\_\_\_\_  
*(THIS REQUEST WILL NOT BE APPROVED WITHOUT THE SIGNATURE OF THE OWNER)*

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

THIS REQUEST HAS BEEN APPROVED: \_\_\_\_\_ ;DENIED: \_\_\_\_\_

COMMENTS OR SPECIAL INSTRUCTIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY MANAGER, ANA GONZALEZ \_\_\_\_\_  
(SIGNATURE)