ALTERATION REQUEST FORM REVISED 02/2020

ASSOCIATION PROJECT	
ASSOCIATION NAME:	
PRESIDENT/OWNER NAME:	UNIT/BADGE#
OWNER ADDRESS (IF APPLICABLE)	
EMAIL:	PHONE:
CONTRACTOR/OWNER:	PHONE:
REQUEST DESCRIPTION (include attachments):	

INSTRUCTIONS/ASSOCIATION/OWNER RESPONSIBILITIES

- 1. The executing contractor's proposal along with a sketch of the alteration MUST BE ATTACHED TO THIS FORM detailing dimensions, materials, colors and distance from the foundation/exterior perimeter of the unit and or project area.
- 2. Work may not begin until you receive a copy of the final signed Management's Review.
- 3. It is the Association's/Owner's responsibility to notify the Association's Community Association Manager when work is completed.
- 4. Any irrigation modifications required are the sole financial responsibility of the Associations or Owners. The Master Association will bill the Association for any irrigation work required. If it is for an Owner project, it will be the responsibility of the Association via their CAM to collect a check from the Owner payable to the Association prior to the commencement of any work.
- 5. Any Landscape and/or Building Alteration modifications required are the sole financial responsibility and future maintenance of the Associations or Owners (<u>Circle One</u>). The Federation Landscape Contractor will submit a written report which includes: Liability, Warranty Conditions, Maintenance Conditions and Additional Costs (If applicable)

OWNER SIGNATURE – PRINT NAME & DATE (IF APPLICABLE)

NOTICE: WORK IS NOT AUTHORIZED TO BEGIN PRIOR TO EXECUTED FORM BEING RETURNED TO ASSOCIATION/OWNER

Complete Page 2, Over

LANDSCAPE and/or BUILDING ALTERATION or IMPROVEMENT DETAILS:

- 1. Show location of landscape and/or building alteration or improvement
- 2. Provide landscape alteration/bed area or improvement dimensions in feet
- 3. Attach any additional information and/or pictures

Unit/Building

Back	
Front	

OWNER'S ACTION - For Owner's Projects			
Signatures of those most affected by the landscap	pe and/or buil		
Signatures (Based on documents):		Address	
1Print Name			
2Print Name			
BOARD OF DIRECTOR'S ACTION – For Owr			
Board Signatures (Based on documents): Approved Date:		Disapproved Date:	
1Print Name		Board Comments:	
2Print Name			
3Print Name			
LANDSCAPE CONTRACTOR'S ACTION		Defer	
Landscape Contractor Reviewer:		Date:	
Maintenance Conditions:			
Additional Costs:			
MASTER ASSOCIATION'S ACTION		WORK ORDER #	
Master Management Reviewer:		Date:	
MANAGEMENT'S ACTION			
Management Reviewer:		Date:	
Copy to Unit Owner and File:	Date:		
Copy to Association Board:	Date:		
Copy to Federation Landscape Contractor	Date:		
Copy to Master Association/ Irrigation Contractor	Date:		

Return Completed Form to: FirstService Residential • 1904 Clubhouse Drive • Sun City Center, Florida 33573 Phone: (813) 642-8990 • Fax: (813) 642-8790 Form Revised 02-17-2020 SD