Unit #				
Unit o	wner			
Owner	telephone			
TOWER POINTE REQUEST TO MODIFY CONDOMINIUM UNIT				
I/we request permission to modify the unit identified above.				
Descri	ption of proposed modif	cation:		
Does t	he modification change	the color or appearance of the condomini	um or involve structural changes?	
	(If yes, attach a	complete description and scope of work.)		
Does the modification involve hard-surface flooring? (If yes, attach documentation and a sample of underlayment material showing the underlayment ratings with minimum STC rating of 58 and IIC rating of 62.) Removal of existing hard surface flooring and thin set material must be done with an electric walk-behind or ride on mechanical floor scraper. Pneumatic or electric vibrating chisels are not permitted without prior approval by the Association.				
After installation, underlayment must be inspected by Director of Maintenance before installation of				
tinish	ed flooring.			
Name of licensed contractor who will be performing modifications:				
In	dividual Name	Company Name	Phone	
Attach	copies of contractor'	s license, liability & worker compensati	on insurance.	
Projec	t starting date:	Completion date:	- -	
		nd to protect elevators and hallways, ar inium Manager or Director of Maintena		
<ul> <li>UNIT OWNERS AND CONTRACTOR ACKNOWLEDGEMENTS:</li> <li>1. We acknowledge that we have received, reviewed and agree to comply with the General Rules for Renovations to Unit and General Rules for Contractors, and are aware of the post-tension construction of the Tower Pointe building.</li> </ul>				
	<ol> <li>We understand that written approval from a representative of the Tower Pointe Condominium         Association must be obtained PRIOR to commencement of proposed modifications.</li> <li>We agree to repair or replace any damages caused during the above-described modifications.</li> </ol>			
		Unit Owner		
		Contractor		

APPROVED \_\_\_\_\_\_ Tower Pointe Condominium Association Representative

Date \_\_\_\_\_