

Bermuda Cays Condominium Assoc., Inc

C/O Ability Management, Inc.
6736 Lone Oak Blvd. Naples, FL 34109
Email: Lisa@abilityteam.com
Phone: (239) 591-4200 Fax: (239) 596-1919

Name of Applicant/Homeowner

Bermuda Cays Address

Address of Applicant (if different)

Today's Date

Telephone Number – Daytime

Telephone Number – Evening

Description of proposed Architectural Change to the owner's unit and/or limited common area (attached all relevant drawings, specifications, color chips, brochures, plans etc.) This is required for any **Renovation** within the unit

Flooring – Most follow the guide lines under the Rules and Regulations.

A copy of the contractors occupational license, general liability insurance and Workers' Compensation Insurance must be submitted to the Association in order to process this request. You must obtain a county permit if needed.

If applicable, how long will water need to be shut-off in the building? From: _____ to: _____

HOMEOWNER IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE GOVERNMENT PERMITS.

ASSOCIATION AUTHORIZATION

(Please do not write below this line)

ADDITIONALCONDITIONS:

THIS APPLICATION IS REJECTED:

ARC Member or Prop. Mgr.

Approve Request

Reject Request