

**BERMUDA ISLES CONDOMINIUM REVIEW FORM**  
**Approval to proceed with installations**

Date: \_\_\_\_\_

I/We \_\_\_\_\_, hereby request approval by the Board of Directors for the modification shown below to Building \_\_\_\_\_ Unit \_\_\_\_\_ located at

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

**SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include the following:**

- Name of Company Performing Work
- Certificate of Insurance
- Copy of the Occupational License
- Permits - Where Applicable
- Drawings of improvements drawn to scale and on survey
- Letter of acceptance of any damage to property is Company doing work responsibility
- A copy of entire signed contract

**\*\* Any expense incurred due to City/County code changes will be the responsibility of applicant.**

I/We hereby make application to the Board of Directors for the above described item to be approved in writing by the Board of Directors.

**I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval and expense thereof. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Board. I/We understand that the Board of Directors has up to 30 days to approve this request.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

Please return form and all information to the address below:

Bermuda Isles I  
c/o Ability Management  
6736 Lone Oak Blvd  
Naples, FL 34109-6834  
Office: (239)591-4200  
Fax: (239)596-1919

The above request for modification to Building # \_\_\_\_\_ Unit # \_\_\_\_\_ has been:

( ) DISAPPROVED ( ) APPROVED ( ) APPROVED WITH CHANGES OUTLINED IN LETTER

DATE: \_\_\_\_\_ Board of Director Signature: \_\_\_\_\_