St. Moritz at Doral Condominium and Homeowner Association

C/o Doral Management 3300 NW 112 Ave, Suite 13 Doral, FL, 33172 Phone (305) 591-8715 / Fax (305) 592-6619

E-mail: condo@doralmanagement.com

Request for Approval

Architectural Alterations or Modifications

Some unit owners do not realize that prior written approval from the Board of Directors is required before renovations, alterations, or modifications may be made to exterior of the unit or landscaping. If you are thinking of making any alterations to your unit, you must complete the following form and submit it to the Association for Board approval. Remember that you are not allowed to make any changes whatsoever to the common areas.

Address:	Owner Name (s):
alteration or modification to my uni (Describe work to be done, providi	Board of Directors to make the following renovation, t: ng specification, drawings, and samples where appropriate. ion you deem appropriate for Board Consideration)

I / WE hereby make application to the Architectural Control Committee for the above, described item to be approved in writing by the Architectural Control Committee and /or Board of Directors.

ALL WORK MUST BE COMPLETED BY A LICENSED AND INSURANCED CONTRACTOR.

- 1. COPIES OF SUCH LICENSES
- 2. INSURANCE
- 3. DRAWINGS MUST BE INCLUDED (DIMENSIONS OF PROPOSED MODIFICATION AND ELEVATIONS AND/OR ARCHITECTURAL PLANS AND SPECIFICATIONS, SUCH AS COLOR, STYLE, ETC)

IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO COMPLY WITH CITY CODES AND PERMITS. Please forward City Permits once issued for our records to CONDO@DORALMANAGEMENT.COM

I understand that I may use only licensed, bonded and properly insured contractors, including workers compensation, to perform approved work in my unit. I will be responsible for any damage done in connection with work performed in my unit. If I have not purchased adequate homeowners insurance coverage, I will be personally financially responsible for such damage. I understand that I am responsible to obtain all permits at my expense and meet the requirements

established by governmental agencies such as the City of Doral and/or Dade County Building and Zoning Department. I realize that I may be responsible to remove, reverse or correct any modifications or installations made without the appropriate Board approval or without obtaining the necessary governmental permitting and/or approval. In the event of an accident, the association will hold the Unit Owner personally liable for any and all claims, injuries and defense cost. Furthermore, all debris must be removed from premises immediately.

Upon approval of my request for this modification I will assume all liability for any damage incurred to common property, other property and personal injury as a result of this modification as well as any additional maintenance cost that may be incurred. All installations will be of professional design, quality and material.

I agree with all the conditions for review and approval, including any additional guidelines that may be given to me. I understand that I am responsible for all maintenance and repair of the requested addition/modification/alteration and such responsibility will be passed on to future owners of my property. I request that the Architectural/Landscaping Committee and /or Board of Directors review and approve my application.

AGREED:

Signature of Unit Owner(s):		Date:		
Contact Name:		Phone # ()	
Email Address:				
For Board of Directo	ors Use Only:			
Date Request receive	d by Doral Managemen	t:	-	
Date received by Boa	rd of Directors:			
Decision by Board of	Directors:			
Approved	Disapproved	Additional informatio	n required	
Comments / Reasons				
Board of Directors:				
Signatures:				
Date:				