



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fx: (561) 641-9448

**TIERRA DEL SOL CONDOMINIUM, INC.
REQUEST FOR MODIFICATION APPLICATION**

Please submit application, fee and documents via mail or hand-delivery to GRS at the address indicated above.

Homeowner Name(s): _____

Address: _____ Unit No.: _____

Contact Telephone No.: _____ Alternate Number: _____

Describe in detail the changes and/or modifications in which you are seeking approval:

Please complete and sign this form and attach the following information, if applicable.

1. ***\$25.00 Non-refundable application fee payable to GRS Community Management in the form of Cashier's Check or money order only.***
2. Copy of contractor proposal and sketch of work to be done.
3. Copy of contractor's occupational license.
4. Copy of contractor's liability and automobile insurance certificate holder naming **Tierra Del Sol Condominium Inc.** (in c/o GRS Community at the above referenced address) **as the Certificate Holder and the Additional Insured**, and a copy of workman's compensation insurance.
5. **Copy of Permit Application(s) and sign off when completed - for all applicable modifications.**

Materials you may need to provide to the Association for the approval of the requested changes or modifications.

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. A sample of the type and texture of any building materials that may be used on the unit's interior.
3. Any other materials or information that may assist in the Association's evaluation of the project.
4. Copy of homeowner's floor plan indicating location of changes or modifications.

Additional materials and criteria may be required to be provided with your application of the requested changes or modifications.

1. **New Floor Installation (All floors above ground floor):**
 - a. Sample of suitable soundproofing or underlay (*or equivalent approved product*).
 - b. Sample, style and/or picture of flooring.
2. **New Window or Door Installation:**
 - a. Sketches, plans, photos of style/type of window.
 - b. NOA (Notice of Assessment), if applicable.
3. **Shutters Installation:**
 - a. Sample of Shutter Style type and color.

It is understood that the changes or modifications which you are requesting may not:

1. Interfere with or obstruct with any common utility source or modify any structural and/or load-bearing partitions or exterior doors.
2. Cause a nuisance or interference with the peace or privacy of the other people in the community.
3. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
4. Contractors may not work on Sunday or public holidays. Contractors are permitted to work Monday through Friday. Work may NOT commence prior to 8:00 a.m. or after 5:00 p.m.

Homeowner(s) Signature: _____

Date: _____

_____ Approved

_____ Conditionally Approved

_____ Disapproved

Comments: _____

Association Authorized Signature: _____

Date: _____

RE: CODES

Please be advised this Request for Modification approval is subject to County Codes, setbacks, and permit conditions required.

If at a later point it is found the homeowner has not complied with these procedures, **the Homeowner(s), will be held responsible** for any and all changes that would be required.

Homeowner Signature: _____

Date: _____

Homeowner Signature: _____

Date: _____