

WHISPERING SANDS CONDOMINIUM ASSOCIATION

OWNER INITIATED ALTERATIONS REQUEST FORM

NAME _____ DATE _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

DESCRIPTION AND LOCATION OF WORK TO BE DONE (ATTACH ALL SKETCHES)

1. *This request must be submitted to the Whispering Sands Condominium Association Board of Directors for approval.*
2. *It is the responsibility of the homeowner to obtain any and all permits if required and to be in compliance with all local, state, and federal codes.*
3. *Will the work be done by a licensed contractor?: Yes ____ No ____*
 - a. *If yes, name of contractor and verification that contractor carries liability insurance: _____*
 - b. *If no, who is doing the work?: _____*
4. *Have you discussed this request with your neighbors who abut your unit and/or who will be impacted by this change ? ____ Y ____ N ____*
Names: _____
5. *It is the responsibility of the owner to ensure that any contractor undertaking the proposed work be fully insured to cover any damages or injuries resulting from the work. If the owner fails to do so, and damages result or injury is incurred, owner hereby agrees to assume all responsibility for any resulting damages or injury.*

DATE _____ OWNER SIGNATURE _____

WHISPERING SANDS CONDOMINIUM BOARD DECISION _____
COMMENTS AND CONDITIONS _____

DATE _____ SIGNATURE _____