

PRINCETON PLACE II AT WIGGINS BAY CONDOMINIUM, INC.

2335 Tamiami Trail North #505, Naples, FL 34103

239-403-7991 fax 7992

REQUEST FOR CHANGES

UNIT ALTERATION REQUEST FORM 11/16/14

Princeton Place Owners,

Board approval is required for ***all work, except unit cleaning***, to a unit. Failure to comply or provide incomplete information will result in a delay of your request to be approved by the Board. Approval by the Board does not constitute any representation or warranty regarding the construction design, methods, materials or compliance with building codes. Please submit a diagram of project.

NOTICE:

- **WORK IS PERMITTED ONLY BETWEEN 8:00AM & 5:00 PM.**
- **NO ADDITIONS OR ALTERATIONS ARE PERMITTED TO THE COMMON AREAS.** (Call manager or Board member for clarification.)
- **ONLY FLORIDA LICENSED CONTRACTORS MAY BE USED FOR PLUMBING, ELECTRIC, WINDOWS, SHUTTERS, PARTITIONS, WALLS, WALLBOARDS, CABINETS (attached to walls), FLOORING & SCREENDOORS.**
- **HANDYMEN may be hired for work they are licensed to perform.**
- **WINDOW REPLACEMENTS – REQUEST FROM MANAGER THE APPROVED PROCEDURE FOR WINDOW INSTALLATIONS.**
- **WORK MUST COMPLY WITH THE COLLIER BUILDING CODES.**
- **CONTRACTOR MUST SUPPLY THE PROPERTY MANAGER WITH COPIES OF AUTOMOTIVE, LIABILITY INSURANCE AND WORKERS COMPENSATION if contractor employees are working.**
- **MATERIALS SUCH AS TILES, BOARDS & ETC. MAY NOT BE DISCARDED IN THE BUILDING DUMPSTER**
- **CLEAN UP NOT PROVIDED BY THE CONTRACTOR and or OWNER WILL BE ARRANGED FOR BY THE MANAGER AND BILLED TO THE OWNER.**
- **DAMAGE DONE TO COMMON AREAS. THE PROPERTY MANAGER WILL ARRANGE FOR THE REPAIR AND BILL THE OWNER.**
- **ELEVATOR PADS AVAILABLE IN THE ROOM ADJACENT TO THE MAIL BOXES MUST BE USED TO PROTECT THE MIRROR AND WALLS. (CALL THE ASSOCIATION MANAGER – 239-403-7991)**

THE FOLLOWING WORK IS PROPOSED IN UNIT# _____

- Provide a separate sheet indicating the scope of the project. Fax, Scan or mail the **FORM AND ETC.** to the address or fax # shown above.

DESIRED DATE FOR COMMENCING THE WORK _____

WORK TO BE PERFORMED BY _____

Florida License # _____

EXPECTED COMPLETION DATE _____

SIGNED _____ DATE _____

The Board has approved not approved your request.

Signed _____ Property Manager Date _____