## **GULF 'N BAY CONDOMINIUM ASSOCIATION, INC.**

c/o Sunstate Association Management, Inc. PO Box 18809, Sarasota, FL 34276 P: 941-870-4920 | F: 941-870-9652 Email: allapplications@sunstatemanagement.com

## UNIT ALTERATIONS APPLICATION FORM

For processing, please email the completed application form to allapplications@sunstatemanagement.com

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPERTY UNIT ADDRESS: \_\_\_\_\_

No unit alteration or remodeling work shall be performed in any unit between November 15 through April 15. No work can be started without the Board of Director's approval for the following major alterations.

Circle the appropriate items:

WINDOWS/ EXTERIOR DOORS

ALTERATIONS TO INTERIOR WALLS

PLUMBING and/or ELECTRICAL (If permit is required)

FLOORING: TILE, LAMINATE, HARDWOOD

KITCHEN/ BATH REMODEL

I understand that the installation Contractor for the above installations must be a licensed and insured contractor. I have been informed of the appropriate and current City, County, and/or State Code of these installations and I agree to abide by such requirements. I further agree to abide by the Gulf n' Bay requirements for the above installations.

Name of licensed and insured (proposal attached)	Contractor:				
Signature of Contractor:	Date: of the contractor's license and liability insurance.				
Alla	cheu are copies	of the contractor s	incense and		
Proposed project schedule:	Start Date: _		Completion Date:		
With the approval of this requ	uest, I agree to a	bide by the following	ng conditior	าร:	
<ol> <li>Daily Monday - Saturday 8:</li> <li>NO WORK ON SUNDAY - EX</li> <li>Daily clean up and removal</li> </ol>	CEPT FOR EMER	RGENCY WORK	r		
Signature of Property Owner:		DATE:			
GUL	F 'N BAY C		M ASSO	CIATION, INC	
Board of Directors Action	Approved:	Not App	roved:	DATE:	
Board of Directors - Signature		Board of Directors - Print Name			