

Grande Reserve at the Strand Condominium Association Inc.
Request For Modification Form

Date: _____

Unit Owner (applicant): _____

Address: _____ Grande Reserve Way Unit # _____ Email: _____

Out of Town Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

Anticipated Start Date: _____ Anticipated Completion Date: _____

Please include the following:

- Name of Company Performing Work _____
- Certificate of Insurance for Vendor/Contractor Above
- Copy of the Occupational License for Vendor/Contractor
- Permits – Where Applicable

**** Any expense incurred due to City/County code will be the responsibility of applicant.**

PLEASE ATTACH DRAWING/SPECIFICATIONS AND /OR PLANS.

I/We hereby make application to the Board of Directors for the above-described item to be approved in writing by the Board of Directors. I/We understand that all requests must be in conformity with the Declaration of Condominium Documents, By-Laws, Incorporation, Rules & Regulations, and Florida Statute, and conform to Collier County Codes. **I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Board.**

Signature of Applicant

Signature of Applicant

Date: _____

ALL CURRENT AND FUTURE OWNERS ARE RESPONSIBLE FOR MAINTENANCE OF AND/OR ALL DAMAGE CAUSED BY, OR AS A RESULT OF THIS MODIFICATION:

BOARD OF DIRECTORS: APPROVAL: _____ DISAPPROVAL: _____

Please return to and if questions, Please contact:
Grande Reserve Condominium Association, Inc.
C/O APMS, 1035 Collier Center Way Suite 7
Naples, FL 34110
Telephone: (239) 264-1444
Fax: (239) 513-9561
Email: vpackman@apmsfl.com