

**ORIOLE GOLF AND TENNIS CLUB PH 2
1006 COUNTRY CLUB DRIVE
MARGATE, FL 33063**

APPROVAL TO MODIFY PROPERTY

NAME OF APPLICANT(S): _____

UNIT ADDRESS: _____

NAME OF ASSOCIATION: ORIOLE GOLF AND TENNIS PH2

TELEPHONE: (954) 974-4280

In accordance with requirements of the City of Margate and Oriole Golf & Tennis Condominium PH II of the Declaration of Covenants, Restrictions and Easements of the Master Association Documents and/or the requirements of to which I belong, I hereby request approval for the following modification. I am aware that it's my responsibility to ensure contractor(s) abides by the Association Bylaws and Rules, City and State ordinance & requirements: (Describe here the modification requested)

Owner Signature: _____

ACTION TAKEN

Your request is APPROVED ___ CONDITIONALLY APPROVED ___ DISAPPROVED ___
INCOMPLETE ___

The following is additional information required or approval is conditioned upon:

By: Board Member: _____ Signature: _____ Date: _____
By: Board Member: _____ Signature: _____ Date: _____
Property Manager: _____ Signature: _____ Date: _____

ORIOLE GOLF AND TENNIS CLUB PH 2

MODIFICATION REQUEST LIST

1. ANY MODIFICATION REQUEST MUST BE APPROVED, BEFORE ANY PURCHASE OR INSTALLATION.
2. ALL WINDOWS, DOORS AND PATIOS MUST BE IN ACCORDANCE WITH THE ASSOCIATION'S ARCHITECTURAL DESIGN.
3. NEED TO HIRE A LICENSED CONTRACTOR AS PER THE STATE OF FLORIDA
4. WE NEED A COPY OF THE CERTIFICATE OF INSURANCE. THE CERTIFICATE HOLDER FIELD MUST STATE ORIOLE GOLF AND TENNIS CLUB PH 2 FOR UNIT#
5. WE NEED COPY OF THE CONTRACTOR'S LICENSED
6. WE NEED DIAGRAM AND DIMENSION OF THE WINDOWS
7. PICTURE OF THE WINDOW
8. COPY OF THE CITY'S PERMIT