POINT EAST ONE CONDOMINIUM CORPORATION, INC.

Telephone: 305 931 3960 Ext-1
Fax: 305 931 6892

2895 Point East Drive
Aventura. FL 33160

A 55 and Older Community
E-Mail: pointeastcorp1@gmail.com

ARCHITECTURAL MODIFICATION FORM

The Undersigned, owner of Unit #_____and the Undersigned Contractor hereby agree to abide by the Rules and Regulations below, regarding the following installation and/or changes in the Unit: (Explain in detail all the work that will be done in the Unit).

_____

_____

CONTRACTOR (S) NAME: _____ License: _____
CONTRACTOR PHONE WHILE ON SITE: _____
DATE WORK WILL START: _____ DATE WORK WILL FINISH: _____

The following is required by **Point East One Condominium** prior to commencement of work:

- A Certified Check/Money Order for $500.00 is required as Security Deposit; for any Architectural Modifications done in your Unit.
- A copy of the Contractor's License, Insurance and workman's Compensation. (**must have Point East One Condominium as a Certificate Holder**).
- All installation(s) must be approved by the Board of Directors and must meet the South Florida Building Codes, if applicable.
- Is the Contractor's and Unit Owner's responsibility for any & all clean-up and removal of any and all debris, or the $500 deposit will NOT be returned.
- All construction debris must be discarded outside the property. If any construction debris is discarded in our garbage rooms; the security deposit will not be returned.
- Is the Unit owner's /renter's responsibility for repairs and replacement costs of all damage(s) to the building & common property caused by any and all vendors(s).
- A PERMIT from the CITY OF AVENTURA, is required for the Installation of Hurricane Shutters and Windows, Electrical and Plumbing work; Air-Conditioning Units & Water Heaters; and installation of Tile or Wood Floors. Soundproofing will be required under the flooring (including 1st floor units). Sample **must** be given to the office. (See attachment from Aventura City)

ALL CONTRACTORS MUST BE LICENSED AND INSURED.

Working hours are Monday thru Friday from 8:00 A.M to 4:00 P.M.
No weekends or holidays, Except for emergencies, such as:
Plumbing leaks, Appliance failures, A/C or Heating failures, Water Heater Leaks and Electrical outages.

AGREED TO AND ACCEPTED THIS _____ DAY OF _____ 20_____.

_____ Unit owner Printed Name

_____ Unit owner signature

_____ Association Approval

_____ Director Printed Name

_____ Check Number