BAYVIEW CONDOMINIUM ASSOCIATION ALTERATION APPLICATION

	Name:	ame:				
	Address:					
	Phone Number:		Association			
Propo	sed Alteration:					
1.	Describe the alteration to	be considered.				
2.	Attach a copy of the construction drawings for the improvements. For improvements which require a building permit, attach a copy of the construction documents as submitted to the County Building Department.					
3.	Attach a survey or dimens	sioned site plan wit	h the proposed constru	uction location on lot.		
1.		Contractor must be licensed and insured.				
5.	All copies of permits must be submitted to the Association.					
3.	Send completed Application and Supporting Documentation to:					
	Scanned and emailed to Ameri-tech Community Management, LLC at: aholder@ameritechmail.com or Mailed to: 24701 US Hwy 19 N, #102, Clearwater, FL 33763					
7.	If you have any questions	s please call: 727-7	26-8000			
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CONT	RACTOR ENGAGED:					
STAR	TING DATE:	TO BE FIN	IISHED BY:			
	-					
nateri	als used. These will be co	pied. The original v	vill be filed in the office	ed upon with the contractor as with a copy returned to you completed, without variation	 By submitting this 	
	Applicant Signature:		[Date:		
	APPROVED		DISAPPROVED			
	Date:	Signed By:	(Authorize	ed Signature)		
				eu olynalure)		
		Title:				