



Jupiter Bay Condominium Association Condominium Unit Alteration Approval Form

Instructions for Form Completion & Required Supporting Documents

Section 1. Owner Information – Only the Unit Owner and no other party is permitted to complete the Unit Alteration Request Form. The Unit Owner is responsible to complete the form to ensure all sections of the form contain correct information and all required elements of documentation are met. The Unit Owner then submits the Unit Alteration Approval Form to the Jupiter Bay Association Office for processing. Once the Property Manager and office staff confirms all information and supporting documentation is present, the form will be sent to a Board Member for a signature designating approval.

Section 2. Type of Alteration Request – Please designate by checking the appropriate checkbox as to the type of alteration being requested. For any type of alteration request that is not listed, please use the “Other” checkbox to write in a brief description of your request. On page 3 under Section 5, please use this designated section to provide additional descriptive detail of your proposed modifications.

Section 3. Contractor/Vendor Performing the Work – The Unit Owner is responsible to obtain this information from their contractor or vendor who will be performing the work and fill in the designated sections, including Company name, address, phone number, Town of Jupiter Tax ID number, (or a Tax ID number issued from other than the town of Jupiter). Per the Tax Department of the Town of Jupiter- anyone doing work and receiving compensation, must have a valid Tax ID #. License and permit numbers, if applicable, must be provided based on the scope of work requested for approval.

Section 4. Insurance Coverage – All contractors/vendors performing unit repairs, renovations, or remodeling work on the premises of Jupiter Bay, a multi-unit condominium complex, must provide evidence of the following Insurance Coverage: Copy of Current Driver’s License & Auto Insurance Coverage, Certificate of Current General Liability Insurance Coverage, Certificate of Current Workers’ Compensation Insurance Coverage or a State of FL. Certificate of Exemption of Workers’ Compensation Coverage, if eligible.

Section 5. Provide a Brief Description of Proposed Modification – Please use this designated section to provide additional descriptive detail of your proposed modifications. You are required to attach a sketch or a drawing of the proposed modification also. Please include the estimated cost of the work that is proposed.

Section *6. Anticipated Work Start Date – Please fill-in the date that is anticipated for the work to start. * Please Note: No work can be started prior to Board Member Approval whose signature confirms that the Association Office has received and reviewed the Unit Alteration Request Form ensuring it has been correctly filled out and submitted with all required elements of documentation met. Remodeling or repairs can only be done Monday thru Friday between the hours of 8:00 a.m. and 6:00 p.m. No work can be performed on Saturdays or Sundays.



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1. Owner Information:

Unit # _____

The undersigned Unit Owner requests permission to modify their condominium unit property and submits the following true and correct information in support of the request:

Respectfully submitted this _____ day of _____

Owner's Name (Printed) _____

Signature of Owner _____

Owner's Phone Number _____

Signature of 2nd Owner _____

2. Type of Alteration Request:

- Installation/Replacement of Hurricane Shutters
Installation/Replacement of Screen Doors
Replacement of Patio Screens
Repainting of Porch/Balcony
Installation of Hard Surface Floor Coverings
Moving, Reconfiguring or Constructing Interior Wall(s)
Other: _____

3. Contractor/Vendor Performing the Work:

Company Name: _____

Contractor Name: _____ Phone #: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Town of Jupiter (or other) Tax ID #: _____

State of Florida License #: _____
(If applicable)

Town of Jupiter Permit #: _____
(If applicable)

4, Insurance Coverage: All contractors/vendors performing unit repairs, renovations, or remodeling work on the premises of Jupiter Bay, a multi-unit condominium complex, must provide evidence of the following Insurance Coverage:

- Copy of Current Driver's License & Auto Insurance Coverage
Certificate of Current General Liability Insurance Coverage
Certificate of Current Workers' Compensation Insurance Coverage
State of Fl. Certificate of Exemption of Workers' Compensation Coverage, if eligible.



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5. Provide Brief Description of Proposed Modification:

[Empty rectangular box for providing a brief description of the proposed modification.]

- You are required to attach a sketch or drawing of the proposed modification. You are also encouraged to submit any additional information supporting your case.
➤ If your request is for hurricane shutter installation, please note that all shutters must be white (except for East patio shutters which must be bronze/black).
➤ If your request is for installation of a hard surface floor covering such as tile, wood, laminate, etc. (except for bathrooms, kitchens, foyers and porches), then a sound-absorbing underlayment must be used.

6. Anticipated Work Start Date*: _____

* Please Note: No work can be started prior to Board Member Approval whose signature confirms that the Association Office has received and reviewed the Unit Alteration Request Form ensuring it has been correctly filled out and submitted with all required elements of documentation met. Remodeling or repairs can only be done Monday thru Friday between the hours of 8:00 a.m. and 6:00 p.m. No work can be performed on Saturdays or Sundays.

Jupiter Bay Board Member Approval:

Signature Title Date

This approval will be revoked immediately if a change is made in the contractor/vendor performing the work or if there is a departure from the approved plans or specifications.

In accepting this approval, you assume responsibility for any damages resulting from the modification or alteration. You must restore the remaining condominium property to its original condition at the conclusion of the work authorized by this approval.

References:
Town of Jupiter Tax Department Page
Ellis Baird, Supervisor & Building Inspector, Town of Jupiter Building Code Department
Donald Brady, Vice President, R.V. Johnson Insurance