

**TOPAZ AT SAPPHIRE LAKES
CONDOMINIUM ASSOCIATION**

MODIFICATION REQUEST FORM

To: The Board of Directors **Date:**

Owner Name: _____

Unit # _____ Building No.: _____

Home or Cell Number: _____ Email address: _____

Requested Modification: _____

Explanation of Modification. Picture(s) OR Drawings must be included with this form.

The work will be performed by: _____

Please read the following closely before signing:

1. All applicable Collier County Codes and Regulations will be followed, and all necessary permits will be obtained at my expense.
2. I have read all applicable sections of the Topaz documents and understand the same.
3. All maintenance to this modification will be performed at my expense.
4. I understand that, should any legal regulatory agency require at any time in the future, modifications to this variance, they will be done at my expense.
5. I will pay any maintenance costs incurred by the Association because of this modification.
6. I understand it is my responsibility to advise future assigns or owners of this unit of their responsibility for this modification.
7. I hereby certify all the above information is truthful and accurate.
8. Insurance information (General Liability and Workers Compensation coverage) including licenses for the vendor is attached.

Owner Signature

Date

FOR BOARD OF DIRECTORS USE ONLY

Date Approved: _____ Date Disapproved: _____

By: Board Member _____