



Work Authorization Request Form

Request Date: _____

Name: _____ **Unit #:** _____

Phone Number(s) _____

Nature of Work

(if construction is requires, please submit drawings and/or plans)

Primary Contractor(s): _____ **Phone #:** _____

License # _____

Secondary Contractor(s): _____ **Phone #:** _____

License # _____

Est. Days of Construction: _____ **Require Water Shut-off?** _____

Disclosures:

1. Coordination and approval of all remodeling projects with the Board is required.
2. Under no circumstances may common elements or common utility lines or windows be altered without specific approval from the Board or designated agent.
3. Work hours are Monday-Saturday 8:00-4:00 with no work on Sundays.

*****For Office Use Only*****

Approved: **Date:** _____
Rejected: **Date:** _____

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