

**THE SANDS, A CONDOMINIUM, SECTION I ASSOCIATION, INC.**  
**C/O Elliot Merrill Community Management Association**  
**Attention: Paola Alvarado, Administrative Assistant**  
**835 20<sup>th</sup> Place, Vero Beach, FL 32960**  
**Telephone: 772-466-2630**

**APPLICATION FOR ALTERATION OR REPAIR**

**Sands I Address:** \_\_\_\_\_

**Print Owners Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DESCRIPTION OF PROPOSED MODIFICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WILL ELECTRICAL OR PLUMBING UTILITIES BE CHANGED?** Yes—circle—No If yes, provide details of proposed work on an additional page with drawings written and stamped by a licensed professional doing the work, i.e. electrician or plumber.

**WILL ANY ALTERATIONS/REPAIRS REQUIRE STRUCTURAL MODIFICATIONS?** Yes—circle—No. Provide details on an additional page and provide a sketch or drawing of the proposed modification.

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Florida License # \_\_\_\_\_

**Provide a copy of Contractor's General Liability & Workers Compensation Insurance Certificates for proof of insurance. The Association must be listed as Additionally Insured.**

Estimate: Work to begin (date): \_\_\_\_\_ Work to be completed by (date): \_\_\_\_\_

**It is the unit owner's responsibility that the contractor understands and abides by all rules and regulations of The Sands, A Condominium, Section I Association, Inc. during the renovation and the contractor must comply with St. Lucie County building codes. The Association's approval is contingent upon Owner obtaining all necessary building permits required by St. Lucie County for the alterations or repairs. The undersigned owner requests permission to alter or repair the condominium property and submits true and correct information in support of the request.**

Signature of Owner: \_\_\_\_\_

Association Comments: \_\_\_\_\_  
\_\_\_\_\_