Modification Form
Exclusive Property Management Group

175 Fontainebleau Blvd
Suite 2G1
Miami, FL 33172
Tel: 786-577-2974 Email: info@exclusivepmg.com

Application to Modify, Alter, Add, Remove, Repair or Improve the Inside or Outside of a Condominium Unit

Any homeowner wishing to make a modification, an alteration, add, remove, repair or improve their unit must complete and return this form.
* WORK **MAY NOT COMMENCE** UNTIL THIS FORM HAS BEEN APPROVED IN ACCORDANCE WITH THE ASSOCIATION BY-LAWS, RULES and/or REGULATIONS and a copy of the permit(s), license(s) and proof of insurance(s) are given to the Management office.
* It is homeowners responsibility to refer to the Association By-Laws, Rules and/or Regulations for guidance.
* All work must be completed within three (3) months of approval date.
* Homeowner is responsible to obtain all necessary City, County or State permits.
* It is the homeowner's responsibility to inquire with the Authorities if any such permits are required.
* Only licensed and insured contractors, providers or workers can perform the work.
* Homeowner can perform their own work but must submit copy of proper liability insurance.
* Contractors/vendors/workers will not be granted access to the community until all requirements are met.

Name of Owner: _____ Unit No.: _____

Owners Address: _____ City: _____ St: _____ Zip: _____

Daytime Phone: _____ Email Address: _____

Approval is hereby requested for the following modification(s), alteration(s), addition(s), removal(s), improvement(s) and/or repair(s) as described below and/or on the attached pages. I have indicated below what type(s) of change(s) i wish to make. I have included specifics, inclusive of but not limited to, what type of material, color, shape, style, dimension, etc. as well as drawings, diagrams, brochures, etc. I further attach pictures of my unit, as of today's date, where these changes are to take place.

Is this a re-submittal: ☐ Yes ☐ No

Is this in response to a violation: ☐ Yes ☐ No If yes, attach copy of the violation.

Is work being performed by owner: ☐ Yes ☐ No If not, name of contractor: _____

Contractor License No.: _____ Contractor Insurance Carrier: _____

Contractor Insurance Policy No.: _____

Work to be performed in (check all that apply):

☐ Kitchen/Pantry ☐ Living/Dining Area ☐ Hall Closet ☐ Patio/Balcony ☐ A/C Blower ☐ A/C Condenser
☐ Main Bedroom ☐ Main Bedroom Closet ☐ Main Bathroom ☐ Other: Specify _____
☐ 2nd Bedroom ☐ 2nd Bedroom Closet ☐ 2nd Bathroom _____

Work to be performed will involve (check all that apply):

☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Carpentry/Sheet Rocking ☐ Wall Tiling ☐ Floor Tiling

A photograph of the proposed work area and a drawing or site plan of the proposed work is to be included with this application. Please indicate below what type of changes or alterations you wish to make. To prevent delays, please be specific indicating what type of materials, color, shape, style, dimensions, etc... will be used.

Describe in details the work to be performed:

☐ Check here is more space is required and continue on additional paper.

Attachments: ☐ Drawings ☐ Product Brochure ☐ Product Details/Specifications ☐ Picture ☐ Diagrams
☐ Permits ☐ Licenses ☐ Insurance Binder addressed to Condominium

Please read all pages entirely. Please make sure to include all paperwork and documents noting the attachments above. All work is subject to all applicable permit requirements, all applicable governmental and Association laws, statutes, rules, regulations, orders and decrees. Neither the Board of Directors, nor any member thereof, shall be liable of the Association, any homeowner, or any other person or entity for any loss, damage, or injury arising out of, or in any way connected with, the performance or non-performance of this work or of the board duties hereunder, unless due to willful misconduct or bad faith of a member, and only that member shall have any liability. The board shall review and approve or disapprove all plans submitted to it for any proposed work solely on the basis of aesthetic consideration, how it affects the common areas (visible or invisible) and how it would affect the immediate vicinity. By signing here below, you agree and understand your responsibilities and liabilities, and that you remain fully responsible for any damages, losses, disruptions and injuries this work may cause to Association property, communal grounds and areas and to property owned by others.

Print Owner Name _____ Date: _____

Owner Signature _____

Print Contractor/Worker Name: _____ Date: _____

Contractor or Worker Signature _____

Effective 07/10/2026

This section for Exclusive Management use only:

Date Application Received: Received By

Date Application Started Review: Reviewed By

Acct. No. Amt of outstanding balance $ Have Access Key ☐ Yes ☐ No

Date Application Completed Review: Completed By

☐ Approved Date of Approval Approved By

☐ Denied Date of Denied Denied By

Additional Information: The owner is responsible for obtaining all city/county permits.

f The trash containers of the associations are strictly for household trash disposal: no construction materials,

furniture allowed. Only the window and door samples provided on the website are permissible alternative designs or

colors are prohibited. It is crucial to adhere to the instructions provided on this form.Once modification form is approved &

permits approved, you must provide management with copy and advise the dates of work to provide access to the property.

This section for Condominium Association Use Only:

Date Application Received: Received By

Date Application Started Review: Reviewed By

Date Application Completed Review: Completed By

☐ Approved Date of Approval Approved By

☐ Denied Date of Denied Denied By

Additional Information:

Owners Initials Contractor Init