# SUGAR SANDS CONDOMINIUM ASSOCIATION
# DOCK ALTERATION APPLICATION

**PLEASE PRINT OR TYPE REQUESTED INFORMATION**

**DATE** _____ **DOCK** _____. **SLIP** _____.

**BUILDING #** _____ **UNIT #** _____ **PHONE NUMBER** : (_____)_____-_____

**MAILING ADDRESS :**_____.

**LAST NAME** :_____ **FIRST NAME** :_____

**OWNERS <u>SIGNATURE</u>** : _____.

Time (Days) To Complete Alteration _____. All work must be completed within 30 days of the commencement of work. In the space provided below or on an attached sheet of 81/2 by 11 paper please provide full detail as to the requested alteration. A contractors plans or your sketch is helpful. All work must be performed by licensed and insured individuals with copies of their license and insurance provided to the Association prior to work commencing. Sugar Sands Association is to be named on the proof of insurance form which is provided by the contractors insurance agent. **All Work Is To Be Performed At The Owners Expense.**

_____

_____

**THIS SECTION FOR OFFICE USE. DO NOT WRITE IN THIS AREA.**

Date Considered By The Committee: _____/_____/_____

[____] APPROVED : Approval is valid for 6 months. All work must be completed within 30 days of the commencement of work.

[____] APPROVED WITH THE FOLLOWING PROVISIONS:_____

_____

[____] DENIED FOR THE FOLLOWING REASONS:_____

Existing Slip #_____ (L)_____ (W)_____ Boat Size (L) _____ (W) _____ .
Existing Slip #_____ (L)_____ (W)_____ Existing Slip #_____ (L)_____ (W)_____
This alteration changes slip sizes to (L) _____ (W) _____ Boat Size (L)_____ (W) _____
Dock Committee: _____
CHAIRPERSON

Approved By The Board Of Directors This _____ Day Of _____ 2011.

_____ _____
President Secretary