

**Las Brisas at Doral Community Association, Inc.**  
**C/O Meraki Business Solutions**  
**10540 NW 26<sup>th</sup> Street, Suite G-203**  
**Doral, Florida 33172**  
Phone (305) 514-00898 Fax (305) 704-7630

**Request for Approval for Unit Renovations, Alterations, Modifications**

Some unit owners do not realize that prior written approval from the Board of Directors is required before renovations, alterations, or modifications may be made to the inside of a unit, or to patio or balcony areas which are considered limited common elements. If you are thinking of replacing or changing your flooring, windows, walls, appliances, cabinets, sinks, tubs, or making any alterations to your unit, you must complete the following form and submit it to the Association for Board approval.

Print Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby request approval from the Board of Directors to make the following renovation, alteration, or modification to my unit or limited common elements. [Describe work to be done, providing specification, drawings, and samples where appropriate. You may use the reverse side of this form, and you may attach whatever information you deem appropriate for Board consideration.]

1. Copy of Contractors License and Insurance
2. Copy of invoice and/or work order

I understand that I may use only licensed and properly insured contractors to perform approved work in my unit or limited common elements. I will be responsible for any damage done in connection with work performed in my unit or limited common elements. If I have not purchased adequate homeowners insurance coverage, I will be personally financially responsible for such damage. I understand that sound proofing material must be installed under flooring tiles, and that no changes whatsoever may be made to common elements. I understand that I am responsible to obtain permits and meet the requirements established by governmental agencies such as the City of Doral Building & Zoning Department. I realize that I may be responsible to remove, reverse, or correct any modifications or installations made without the appropriate Board approval or without obtaining the necessary governmental permitting and/or approval.

Signature of Unit Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

[Do Not Write Below This Line]

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Date received by Doral Management.: \_\_\_\_\_

Date received by Board of Directors: \_\_\_\_\_

Decision of Board of Directors:

\_\_\_\_ Approved \_\_\_\_ Disapproved \_\_\_\_ Additional Information Required

Comments:

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Board Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_