



Management Office
7711 Camino Real
Miami, Florida 33143-7101
Telephone (305) 279-3411
Fax (305) 271-5952

Architectural Modification and Remodeling Form

Unit: _____ Size: 1/1 _____ 2/1 _____ 2/2 _____

Date: _____

Owner's Name: _____

Phone Numbers: (Cell) _____ (Home) _____

Modification Request: Please mark below what modification you are requesting for your apartment and provide A PROJECT PLAN FOR APPROVAL.

Please check all areas to be modified or remodeled:

KITCHEN _____ LIVING _____ DINING _____
MASTER BEDROOM _____ GUEST BEDROOM _____
MASTER BATH _____ GUEST BATH _____

Date Plan Submitted: _____

COPY OF MIAMI-DADE LICENSE MUST BE SUBMITTED TO OFFICE WITH THIS FORM

Contractor: _____ Company: _____ Phone: _____
Electrician _____ Company: _____ Phone: _____
Plumber _____ Company: _____ Phone: _____

Applicant's Signature

APPROVED BY _____
Property Manager

DATE _____