



Management Office  
7711 Camino Real  
Miami, Florida 33143-7101  
Telephone (305) 279-3411  
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## Architectural Modification and Flooring Installation Inspection Form

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Unit Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Camino Real Unit: \_\_\_\_\_, Miami, FL-33143

Phone Numbers: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

**Modification Request:** (Please mark below on what rooms you will be installing **SOUNDPROOFING MATERIAL** and describe what material will be used). A minimum Sound Transmission Classification (**STC**) of **72 or more**, and a minimum Impact Isolation Classification (**IIC**) of **70 or more**.

LIVING ROOM \_\_\_\_\_ DINING ROOM \_\_\_\_\_ FOYER \_\_\_\_\_ HALLWAY \_\_\_\_\_ KITCHEN \_\_\_\_\_

ONE BEDROOM \_\_\_\_\_ 2 BEDROOMS \_\_\_\_\_

SOUNDPROOFING MATERIAL TO BE USED: \_\_\_\_\_

I/We hereby make application to the Board of Directors and/or Architectural Committee for the above-described item(s) to be approved in writing by the Board of Directors, or its designated representative.

I/We also acknowledge that we could be forced to have the flooring removed if installation is not done according to specifications set forth herein and without written approval and consent of the Board of Directors.

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

Print Name: \_\_\_\_\_

Office Use Only

Material Used: \_\_\_\_\_ Pictures: \_\_\_\_\_

Approval: \_\_\_\_\_ By \_\_\_\_\_ Date: \_\_\_\_\_