EAGLE CREEK
Condominium Association

Unit Renovation Application

Owner Information

Owner Name(s): _____

Unit Address: _____

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

Alternate Email: _____

Contractor / Vendor Information

Company Name: _____

Phone Number: _____

Email Address: _____

Project Timeline

Estimated Start Date: _____

Estimated End Date: _____

Project Classification

- Major Project
- Minor Project

DEADLINES: Application must be submitted **30** days prior to start date.

Project Description:

_____

_____

_____

_____

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Please mark the scope of your project (select all that apply):

- ☐ Major w/ Structural Changes (Permit Required)
- ☐ Major Unit Remodeling (Permit Required)
- ☐ Terrace or Balcony Changes
- ☐ Minor Bathroom Remodeling (toilet or vanity)
- ☐ Major Bathroom Remodeling (Permit Required)
- ☐ Window or Sliding Glass Door Changes (Permit Required)
- ☐ Door Opening Changes (Permit Required)
- ☐ Kitchen Renovation
- ☐ Hurricane Shutters (Permit Required)
- ☐ Flooring Changes (Condo Declaration 9.5)
- ☐ Plumbing Systems (Permit Required)
- ☐ Electrical system (Permit Required)
- ☐ Carpentry Work
- ☐ HVAC (Permit Required)
- ☐ Water Heater (Permit Required)

Required Submittals

- Contractor License
- Contractor Certificate of Insurance
- Approved Permits (if applicable)
- Florida Product Approval (if applicable)
- New Floor Plan (if applicable)
- Appliance Make/Model and Serial Numbers

Owner Signature_____

Date:_____

Office Signature_____

Date:_____