

# The Strada at the Mercato Condominium Association, Inc.

## Alteration/Modification Request

DATE \_\_\_\_\_ Unit NO. \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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### EXPLANATION OF MODIFICATIONS

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This work will be performed by: \_\_\_\_\_

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### **PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

1. Actual construction will be performed by a licensed contractor who is insured. All applicable codes and regulations will be followed, and all necessary permits will be obtained at my/our expense. **Copies of contractor's license and insurance are attached to this application. Insurance certificates must name The Strada Condominium Association as a certificate holder. Copies of permits must be submitted when requested.**
2. I/we have read all applicable sections of the By-laws, and I/we understand same.
3. All maintenance of this Alteration/Modification will be performed at my/our expense.
4. I/we understand that, should any legal, regulatory agency require, at any time in the future, modifications to this variance will be made at my/our expense.
5. Any maintenance costs incurred by the Association, because of this variance, will be at my/our expense.
6. This alteration/variance/modification is subject to all requirements of the By-laws, occupancy agreements and other applicable regulations at the Board of Directors' discretion.

7. I/we understand that it is my/our responsibility to advise future assigns and/or owners of the unit of this modification and their responsibility for the same.
8. **Construction is restricted to the hours of 8:00am to 4:00pm Monday through Friday, May 1 through October 31 of any year and shall not be performed on Saturday's, Sunday's, or legal holidays.**

**NO WORK SHALL COMMENCE  
UNTIL WRITTEN APPROVAL IS RECEIVED**

_____	_____
Date	Signature of Co-owner
_____	_____
Date	Signature of Co-owner

RETURN COMPLETED FORM TO:

The Strada at the Mercato Condominium Association, Inc.

Guest Services

9115 Strada Place

Naples, Florida 34108

Cell: 239-877-2679

Email: [StradaGM@guestservices.com](mailto:StradaGM@guestservices.com)

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Comments:

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