



Architectural Modification Request Form

King Mountain Condominium Association, Inc.
1991 S.W. Palm City Road, Stuart, Florida 34994

Request must be submitted at least 7 days prior to project start.

Name: _____

Street Address/unit number: _____

Contact number(s): _____

Email Address: _____

The inclusion of an e-mail address authorizes the Association to use
electronic mail for official responses to this request.

The Rules and Regulations for King Mountain Condominium Association specifies that all improvements/modifications to units must be approved in writing by the Board of Directors before the improvement/modifications commences.

This request is for the following improvement modification:

- | | | |
|--|---|---|
| <input type="checkbox"/> HVAC replacement | <input type="checkbox"/> Plumbing Work | <input type="checkbox"/> Electrical Work |
| <input type="checkbox"/> Window replacement | <input type="checkbox"/> Flooring replacement | <input type="checkbox"/> Kitchen Cabinets |
| <input type="checkbox"/> Shutter installation or replacement | <input type="checkbox"/> Structural Improvements. | <input type="checkbox"/> Lanai enclosure |

Other: _____

Complete this form and submit it with the following:

- ☐ Plans and specifications for the proposed improvement.
- ☐ Product specifications
- ☐ Copy of a Martin County Building License (If required).
- ☐ Copy of your Contractors license
- ☐ Copy of your Contractors Workers Comp and Liability Insurance

Property Owner Signature: _____ Date: _____

Please submit this request via mail or email it **with the required supporting documentation** to:

WATSON ASSOCIATION MANAGEMENT

Attention: King Mountain Condominium Association Inc - Property Mgr, Heide Leide

1648 SE Port St Lucie Blvd.

St. Lucie, FL 34952

propertymanager@mycc.stuart

mycc.stuart@gmail.com