

**Application For Unit Alteration
Tidelands Condominium Association**

Unit _____ Unit Owner (print) _____

Brief Description of Alteration

Unit Owner's Signature _____ Date _____

Name of Contractor (print) _____

Contractor's Address _____

Contractor's License # _____ Expiration date _____

Contractor's certification:

I, as the contractor for the above alteration project, do hereby certify that I have verified with the City of Palm Coast that the project **DOES NOT REQUIRE** a building permit from the City of Palm Coast _____ (please check if applicable).

Or

I, as the contractor for the above alteration project, do hereby certify that the project **REQUIRES** a building permit from the City of Palm Coast _____ (see page 2 required attachments).

Note: Tidelands Condominium Association reserves the right to verify the need for building permits, if the need for a permit is in question for a specific unit alteration, by contacting the City of Palm Coast Building Dept.

Contractor's Signature _____ Date _____

License # _____ expiration date _____