

OCEAN GALLERY MODIFICATION REQUEST

Name: _____

Home/Condo Unit: _____

Project: _____

Contractor: _____

Project Scheduling, start date, demo dates, estimated completion date:

Description: _____

Window and Door Replacement

Flooring replacement type and underlayment (2nd & 3rd floor)

Signature of Owner: _____ Date: _____

Board Approved **Board Not Approved** **Approved within Guidelines**

Please attach additional information, pictures, sketches, and specifications of project to this application and deliver or email to sjohnson@ogstaug.com. All contractors require authorization from the General Manager's Office before commencing work. At the completion of job a representative of the property management office will inspect to ensure proper window and door replacement and flooring underlayment specifications compliance.

Approval Action _____ By: _____ Date: _____

4600 A1A South, St. Augustine, Florida 32080

