

GASPARILLA CONDOMINIUM ASSN., INC.

c/o Antares Group, Inc., 4195 S. Tamiami Trail, PMB # 173, Venice, FL 34293
Phone (941) 484-7900 * Fax (941) 484-7099 * Toll Free 877-252-4354

REQUEST FOR HURRICANE SHUTTER INSTALLATION

Name: _____ Tel. Number: _____

Address: _____ GCA Unit Number: _____

Contractor: _____ Tel. Number: _____

Address of contractor: _____
(Attach copy of license, insurance including workman's comp) After final county sign-off provide a copy of permit.

Type of Shutters to be installed and location (i.e. sliders, side window, etc.)

Clear Polycarbonate: Location(s): _____

Aluminum Panels: Color: _____ Location(s): _____

High Impact Wind Screens: Color _____ Location(s): _____

Fabric type: Color: _____ Location(s): _____

Roll Down: Color: _____ Location(s): _____

Accordion Shutters: Color: _____ Location(s): _____

Specifications: Attach a copy of the plans, drawing or picture, including dimensions and a copy of the brochure(s). Indicate the proposed manner of installation.

Liability: The owner of the unit to which the hurricane shutter is installed shall be liable for any and all damage to the common elements, Association property or the property of other owners arising out of or concerning the construction, installation or maintenance of the hurricane shutter.

Owner(s) Signature: _____ Date: _____

Owner(s) Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE BOARD

Comments or conditions for approval: _____

_____ Approve

_____ Disapprove

Dated: _____

Signature of Assn. Officer

PERMIT #: _____

Printed Name of Assn. Officer