

Change Request and Plan Submission

Mail to:	Sea Gate Condominium Association c/o Mann Properties, Inc. 220 16 th Street
	Ocean City, Maryland 21842
Name:	
Address:	
Address:	
Phone Num	ber (Day): (Evening):
Sea Gate Co	ondominium Association Unit:
	ce with the Master Deed and the By-Laws of the Sea Gate Condominium Association, I request consent to make the following alterations, renovations and/or additions to my unit:

I have attached a detailed sketch (to scale) or working drawing of my plan(s) in duplicate.

I understand that under the Master Deed and the By-Laws, the Board of Directors will act on this request and provide me with a written response regarding their decision. I further understand and agree to the following provisions:

- 1) No work or commitment of work will be made by me until I have received written approval from the Board.
- 2) All work will be done at my expense and all future upkeep will remain at my expense.
- 3) Once commenced, all work will be done expeditiously and in good workman-like manner by myself or a contractor.

- 4) All work will be performed at a time and in a manner that will minimize interference and inconvenience to other unit owners.
- 5) I assume all liability and will be responsible for all damage and/or injury that may result from performance of this work.
- 6) I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
- I will be responsible for complying with, and will comply with, all applicable federal, state and local laws, codes, regulations and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Sea Gate Condominium Association or its Board of Directors, or its agents have no responsibility with respect to such compliance and that the Board of Directors or its designated agent's approval of this request shall not be understood as making any representation or warranty that the plans, specifications, or work, comply with any law, code, regulation or governmental requirement. Unit Owner will provide copies of documents such as permits, approvals, etc. to the Board of Directors upon demand.

CONTRACTOR INFORMATION:

Contractor Name or Business Name:			
MHIC License Number:	(REQUIRED)		
	_Certificate of Liability Insurance Attached (REQUIRED)		
Work to Commence on or about:	and will be completed by		
	Date:		
Signature of Owner(s)			
	FOR INTERNAL USE ONLY		

____ Change Approved by Board of Directors. Permit No:

____ Change Approved by Board of Directors with Modification:

____ Change Denied.

Authorized Signature:

Date: