

**DEL MAR ASSOCIATION
CONDO IMPROVEMENT REQUEST
*** No Work to be started without Board Approval*****

Owner Name _____ Phone Number _____

Building _____ Apt. _____ Floor 1 2 3 Plan 1BR A B
(circle one) (circle one)

Vendor/Contractor Name: _____ Phone # _____

WINDOW/DOOR REPLACEMENT (check applicable areas)

Florida room _____ Living room _____ Dining room _____ Kitchen _____

Bedroom (s) _____ Entry door _____ Patio door _____

FLOOR COVERING REPLACEMENT

Area(s) to be covered: Entry _____ Living Room _____ Dining Room _____ Kitchen _____

Bathrooms _____ Bedroom(s) _____ Florida Room _____

OTHER REMODELING

BOARD APPROVAL

Signature Date

REMARKS

Owner notified by _____ Date _____