## BERMUDA BAY BEACH CONDO ASSOC, INC.

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## **BUILDING PERMIT - SCREEN PORCH APPLICATION**

APPLICANT NAME: DATE		OF REQUEST	
UNIT NO			
SCREEN PORCH DIMENSION:	HEIGHT:		
	LENGTH:		
	WIDTH:		
CONTRACTORS NAME AND ADDRESS:			
START DATE:			
DRAWING AND DETAILED MATERIALS	SPECIFICATIONS MUST BE ATTACHED	) TO BE APPROV	ED.
ARE THERE ANY SCREEN PORCHES IN E	EXISTENCE IN YOUR QUADRANT?	YES	NO
IF YES, PLEASE IDENTIFY UNIT(S)			
SIGNATURE OF OWNER(S) APPLYING FOR SCREEN PORCH			DATE
(Please have four of your nearby neigh	bors sign this form)		
NEIGHBOR SIGNATURE & UNIT #			
NEIGHBOR SIGNATURE & UNIT #			
NEIGHBOR SIGNATURE & UNIT #			
NEIGHBOR SIGNATURE & UNIT #			