



COURTYARDS AT NAUTICA CONDOMINIUM ASSOCIATION, INC.

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WORK AUTHORIZATION FORM

Date _____ Unit Owner Name _____

Address where work is to be performed: _____

Type of work to be done: _____

Please indicate if this is a **Repair** _____ or a **Replacement** _____

Name and address of Contractor responsible for work: _____

*****You must provide a copy of the Contractors License and a
copy of the liability Insurance *****

**PLEASE BE INFORMED THAT YOU ARE SOLELY RESPONSIBLE FOR ANY AND ALL
CLEAN UP NEEDED IN THE COMMON AREAS.**

**Please be additionally informed that some work REQUIRES A CITY PERMIT that you are
responsible for and you MUST submit a copy of permit to this office.**

MANAGEMENT