



ALTERATION FORM

Please fill this form out and return to 4000 S. 57th Avenue, Suite 104, Lake Worth, Florida 33463 or send by email to cara@callfmp.com. If you have any questions or concerns, please contact Cara Tezanos at 561-439-2324.

Owner's Name: _____

Address: _____

Telephone #: _____ Other Telephone #: _____

REQUEST PERMISSION TO:

Signature of Owner

Items needed for approval:

1. License and Insurance from contractor
2. Type of window & color being installed

*Please remember if you are changing windows and doors they must be the same style and color as what is existing.

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For Board Use Only

Date Application Received _____

Approved () Disapproved ()

Date of Approval / Disapproval _____

Signature

Explanation of Disapproval:
