

Submit to: Ambassador Community Management  
7100 W Commercial Blvd Suite 107  
Lauderhill, FL 33319  
954-741-8811 Fax: 954-239-5196

**PARC COURT CONDOMINIUM ASSOCIATION  
REQUEST FOR INTERIOR ARCHITECTURAL MODIFICATION**

This form **must** be executed and accepted before any interior alteration can be made. **Please Print**

<b>Owner's Name:</b>	
<b>Property Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>

Pursuant to the Rules and Regulations of Parc Court Condominium Inc., an insulating, sound proofing layer must be utilized under the tile, wood or carpet, to inhibit the effect of noise to the adjacent or below units. Florida building code requires that you meet or exceed the sound transmission class (STC) of 50 for air-borne noise and the impact insulation class (IIC) of 50 for impact sounds, such as footsteps.

<b>Description of flooring covering (tile, wood, laminate, carpet, etc):</b>	
<b>Detailed description of acoustical insulation being used (attach documented data on sound testing. The label from the box or roll will show the STC &amp; IIC rating):</b>	
<b>Name of Contractor:</b>	<b>Phone # of contractor:</b>

**Contractor has license and insurance for Liability & Workers' Compensation** YES  NO

If yes, please attach a copy

If no, I agree to hold Parc Court Condominium Association, Inc and Ambassador Community Management harmless and indemnify them from any and all claims & losses that might arise.

**Is a Permit being applied for:**  YES  NO

I hereby understand that written approval must be obtained from the Architectural Committee prior to installation and that I hereby acknowledge that I can be forced to remove installation if done without approval. All approvals are contingent on the homeowner complying with all applicable state, county, or city building codes and obtaining a permit from the City of Plantation, if required. I have read, understand, and agree to all terms and conditions on this form.

Unit Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Reviewed: \_\_\_\_\_ Approved:  YES  NO

Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: