# INDIGO PINES CONDOMINIUMS ASSOCIATION, INC.

99 Bent Tree Drive, Daytona Beach, FL 32114

## SECOND-FLOOR FLOORING MODIFICATION APPLICATION

*Submit this completed form and all required attachments to the Board of Directors at least fourteen (14) days prior to scheduled installation. Work may not begin until written approval is issued.*

### 1. OWNER & UNIT INFORMATION

**Unit Number:** _____ **Owner Name(s):** _____

**Phone:** _____ **Email:** _____

**Estimated Start Date:** _____ **Estimated Completion Date:** _____

### 2. PROPOSED FLOORING & ACOUSTIC SPECIFICATIONS

**Current Flooring Being Removed:** ☐ Carpet ☐ Tile ☐ Laminate / Vinyl ☐ Wood ☐ Other: _____

**New Flooring Type:** ☐ Luxury Vinyl (LVP) ☐ Laminate ☐ Tile ☐ Wood ☐ Other: _____

**Manufacturer & Product Name:** _____

**Underlayment Type:** ☐ Pre-Attached Acoustic Pad ☐ Separate Acoustic Underlayment (Specify: _____)

**Certified IIC Rating:** _____ *(Minimum 60 required)* **Certified STC Rating:** _____ *(Minimum 55 required)*

### 3. MANDATORY ATTACHMENTS CHECKLIST & SCOPE

☐ **Manufacturer Technical Specification Sheet:** Must clearly display certified ASTM E492 (IIC) and ASTM E90 (STC) laboratory test ratings.

☐ **Contractor License & Insurance:** Copy of installer's active Florida/Volusia County license and Certificate of Liability Insurance naming *Indigo Pines Condominiums Association, Inc.* as certificate holder.

**Rooms / Areas Where Hard Flooring Will Be Installed:** _____

### 4. OWNER ACKNOWLEDGMENT & WAIVER

By signing below, I/we acknowledge and agree to the following conditions:

1. **Subfloor & Mortar Responsibility:** Pursuant to Article 6.2 of the Declaration of Condominiums and Florida Statute § 718.111(11), I am solely responsible for all costs associated with preparing, leveling, or repairing any subfloor, concrete slab, or mortar bed discovered during this project. The Association bears no financial responsibility for underlying floor damage.
2. **Acoustic Compliance:** Installation will strictly follow manufacturer guidelines, including maintaining a 1/4-inch perimeter acoustic isolation gap. If unapproved materials are installed or unreasonable noise disturbances occur due to non-compliance, I agree to remediate the issue at my own expense.
3. **Property Protection & Cleanup:** Work will occur only Monday–Saturday (8:00 AM–5:00 PM). All debris will be hauled away off-site by the contractor (Association dumpsters may not be used). Any damage caused to common elements, stairwells, or walkways will be repaired at my expense.

**Owner Signature:** _____ **Date:** _____

**Co-Owner Signature:** _____ **Date:** _____

### FOR BOARD OF DIRECTORS USE ONLY

**Date Received:** _____ **IIC/STC Verified:** ☐ Yes ☐ No **License/COI Verified:** ☐ Yes ☐ No

**Board Determination:** ☐ **APPROVED** ☐ **DENIED** **Notes / Conditions:** _____

**Authorized Board Signature:** _____ **Date:** _____