



**THE MADISON
DOWNTOWN CONDOMINIUM**

800-850 North Miami Avenue
Miami, FL 33136
305-374-4464

ARCHITECTURAL MODIFICATION REQUEST FORM

WORK REQUEST INFORMATION

Please complete the form below, attach all required supporting documentation, and submit it by email to office@madisoncondo.net. Once ALL documents are received, please allow three (3) business days for a response. No work may begin prior to written approval from the Association.

Unit Owner's Name: _____ Unit No: _____

Contractor information:

Company Name: _____

Contact Name: _____

Telephone: _____ Email: _____

Project information:

Modification Type / Work: _____

Description: _____

WORK REQUEST REQUIRED DOCUMENTATION

All Contractors must provide:

1. **Certificate of Insurance:** ACORD 25 form (See page 5 for SAMPLE COI)
 - Insurance carrier must be rated A or better, Financial Size VI or better.
 - General Liability:
 - \$1,000,000 per occurrence
 - \$2,000,000 aggregate
 - The Madison Downtown Condominium must be listed as Additional Insured (not certificate holder only).
 - Certificate Holder must read exactly as follows:
 - The Madison Downtown Condominium**
 - 800–850 N. Miami Avenue
 - Miami, FL 33136
 - Workers' Compensation:
 - Statutory limits required.

- **If exempt, a copy of the State Exemption must be provided and ONLY the individual listed on the exemption will be allowed access to work in the unit.**
 - Policy must provide 30 days written notice of cancellation to The Madison Downtown Condominium.
- 2. Occupational or Business License.**
- 3. City of Miami Permit (If applicable)**
- 4. Drawings /Surveys (If applicable)** Any installation of flooring (tile, marble, vinyl, hardwood carpet, any type of flooring) require installation of adequate sound proofing material and city permit.

OWNER CONSTRUCTION RULES ACKNOWLEDGMENT

Construction Hours & Contractor Access

I/We acknowledge and agree that:

- No construction work of any kind is permitted on weekends or holidays.
- Construction activities and access to building are permitted Monday through Friday between 8:30 a.m. and 5:00 p.m. only.
- Contractors are not permitted access on Saturdays unless it is an emergency and prior written approval has been obtained from the Management Office or the Board of Directors.

Owner Initials: _____

Loading Bay, Deliveries & Material Transport

I/We acknowledge and agree that:

- The Loading Bay must be reserved in advance for loading and unloading materials.
- Contractors are not permitted to transport materials through the lobby.
- Commercial vehicles may not park in any resident's assigned or reserved parking space.

Owner Initials: _____

Work Location & Use of Common Areas

I/We acknowledge and agree that:

- All work (including but not limited to cutting, painting, sanding, carpentry, etc.) must be performed inside the unit or off the premises.
- Foyers, hallways, balconies, loading areas, gates, or any other common elements may not be used as work or staging areas.
- Balcony floors may not be tiled.

Owner Initials: _____

Protection of Common Elements

I/We acknowledge and agree that:

- I/We am/are responsible for ensuring that hallway carpeting and common elements are properly protected during construction.
- Protective covering must be properly secured to prevent tripping hazards.

- **Failure to properly protect hallway carpeting will result in a fine to the unit owner — NO EXCEPTIONS.**
- I/We am/are fully responsible for any damage to common elements or other units resulting from the work.

Owner Initials: _____

Debris Removal & Waste Disposal

I/We acknowledge and agree that:

- I/We am/are responsible for removing all construction materials, boxes, debris, and waste from the property upon completion of work.
- **Contractors may NOT use the property trash chutes.**
- Violation of contractor rules will result in a penalty fine to the unit owner, in addition to any repair costs incurred by the Association.

Owner Initials: _____

Flooring Requirements (Bylaws Rule #34)

I/We acknowledge and agree to comply to Bylaw rule #34

Rule # 34: No hard and/ or heavy surface floor covering, such as tile, marble, wood, terrazo and the like shall be permitted unless (i) installed by, or at the direction of, the Developer, or(ii) first approved in writing by the Board of Directors. The Board shall not approve the installation of any hard and/or heavy surface floor coverings (for which approval is required) unless the flooring, or combination of flooring and underlayment product, as fastened, shall be sound rated for a minimum: (i) installed Impact Isolation Class (IIC) rating of fifty-five (55), or (ii) Impact Noise Rating of Zero (0). All persons seeking to install hard surface floor coverings must provide the Board with product data from flooring or floor underlayment manufactures that demonstrates (i) laboratory tested sound ratings in accordance with testing standard ASTM C627, in similar cross-section floor/ceiling assemblies to that used in the Building, meeting or exceeding the standards set forth above, and (ii) that the fastener systems utilized does not impair the effectiveness of the sound absorption qualities of the flooring or underlayment. Each Unit Owner is solely responsible for floor leveling due to minor inconsistencies of the concrete slab construction and leveling, feathering and patching required to meet the requirements of the applicable local Building Code. The maximum allowable thickness of any flooring (and any flooring underlayment or insulation product) installed in the Unit shall not exceed 1 - 3/4 inches at the entrance threshold to the Unit, however, it must be tapered to a maximum of 1 - 1/2 inches at the entrance threshold to the Unit. Undercutting of Unit entry doors is expressly prohibited, as is any alteration to the saddle at the entry doors to the Unit. Additionally, chipping, grinding and/ or busing of the concrete slab is expressly prohibited, due to the post-tension design of the building. The installation of the foregoing insulation materials shall be performed in a manner that provides proper mechanical isolation of the flooring materials from any rigid part of the building structure, whether of the concrete subfloor (vertical transmission) or adjacent walls and fittings (horizontal transmission) and must be installed prior to the Unit being occupied. Owners will be held strictly liable for violations of these restrictions and for all damages resulting there from and the Association has the right to require immediate removal of violations.

Owner Initials: _____

I/We acknowledge that failure to comply with the approved plans, Association rules, or governing documents may result in revocation of approval and removal of the modification at my/our expense. I/We agree to comply with all State and County codes, obtain all required permits, and abide by the final decision of the Board of Directors and/or Architectural Control Committee. I have read, understood and agreed to all terms and conditions on the Architectural Modification Request Form.

Homeowner's Signature: _____ Date: _____

Once this request is approved, the Association must verify that the hallway carpet has been properly covered and protected prior to the commencement of any work. No work may begin until this confirmation has been completed.

| FOR OFFICE USE ONLY | |
|--------------------------------|---|
| <input type="radio"/> Approved | <input type="radio"/> Disapproved By: _____ Date: _____ |
| Comments: | |
| _____ | |
| _____ | |
| _____ | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|------------------------------------|-------------------------------|----------------|
| PRODUCER Insurance Agency | CONTACT NAME: | |
| | PHONE (A/C, No. Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Vendor / Contractor | INSURER A : | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER: 1503474426

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | Y | XXXXXXXXXX | 1/28/2025 | 1/28/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | XXXXXXXXXX | 1/28/2025 | 1/28/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | | XXXXXXXXXX | 1/28/2025 | 1/28/2026 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | Y | XXXXXXXXXX | 1/28/2025 | 1/28/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Equipment | | | | | | Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)

The Madison Downtown Condominium is included as an additional insured with regards to General Liability coverage when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| The Madison Downtown Condominium 800-850 N Miami Avenue Miami FL 33136 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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