



Cove Towers Condominium Association, Inc.

430 Cove Tower DR Naples, FL 34134

Phone: 239-566-1976

Email: covetowers@kwpmc.com

Hurricane Shutter Request Form

TODAY'S DATE:

ARUBA BEQUIA CARIBE

OWNERS NAME:

UNIT #:

Representative:

Company Name:

Address:

Phone:

Fax:

Email:

Shutter Type:

Shutter Color:

Accordions:

Accordion Color:

PLEASE SUBMIT THE FOLLOWING:

Supplier Certification Form:

Site Plan:

Product Information:

Permit Number:

Insurance Information:

License Information:

STATUS OF REQUEST: Association requirements HAVE BEEN MET and approval has been granted to proceed with the scope of work described when signed.

Approved by: _____ Date: _____ Approved by: _____ Date: _____

Property Manager

Board of Director

Hurricane Shutter Installation Requirement

1. *Lanai (Rear of Building): Boxes, tracks and mullions must be BRONZE to match screen enclosures, slats must be WHITE.*
2. *Balcony (Front of Caribe Building only): Accordion type; slats, tracks and mullions must be BRONZE.*
3. *Tracks must align with existing screen mullions and be mounted a minimum of 3 inches away from the mullions to facilitate screen mesh changing.*
4. *NO permanently fixed storm bars are allowed. Shutter must meet or exceed the wind tunnel pressure values for that particular location.*
5. *Site specific drawings relating to the lanai must be provided stating that the wind loading capability is adequate for that location. Generic drawings and sketches are not acceptable. All site specific drawings will be reviewed by the Property Manager prior to approval.*
6. *Copy of Property Manager's approval should be onsite with other city and/or county approvals when installation takes place.*
7. *Public liability of \$1,000,000 is required and a Certificate of Insurance naming Cove Towers Condominium Association, Inc. as additional insured. Proof of Workers Compensation coverage is required for all employees i.e. salesmen, installers and electricians.*
8. *In addition, a copy of your business license must be in place before work commences and a properly signed copy of the Supplier Certification Form has been returned.*

NOTE: Repair, construction, decorating or re-modeling work shall be carried out only on Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. and Saturday between the hours of 8:30 a.m. and 12:30 p.m., except major holidays, no work shall be performed on major holidays.



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SUPPLIER CERTIFICATION FORM

_____ the supplier/installer of hurricane shutters for
(company name)

Aruba / Bequia / Caribe Unit Number _____,
(circle one)

hereby certifies that all materials of construction, methods of installation, applicable permitting and documentation, qualifications of design and installing personnel, and all other matters requested by local, county, state or federal agency having jurisdiction will be fully satisfied.

Signed Name: _____

Printed Name: _____

Position: _____

Date: _____