

## APPLICATION FOR BUILDING PERMIT APPROVAL LETTER FROM CONDOMINIUM or HOME OWNERS ASSOCIATION

This application form should be used by those who require a letter of approval from their condominium or home owners association. Approval requirements are determined by your local building department and questions as to why approval from your association should be addressed to the local building department.

Processing of a required approval requires management to review the proposed project and to verify the work is being performed by a licensed contractor and that said contractor has the required liability & workers compensation insurance current and in place. Processing can take up to 2 weeks, so please plan accordingly. Incomplete applications will be returned.

In order to keep management fees as low as possible and to fairly allocate the cost of processing these applications, a processing fee of \$100.00 per application applies. Please make your application fee check out to Royale Management Services, Inc.

Please attach the following to your application: If all of the information is not received, the application will be returned and a permit letter will not be issued.

- 1) Copy of the signed, contract or sales agreement with your contractor. This item must explain what work is to be done. **Contract is to include the following: "Per the requirement of the Association, the Association is to be listed as Additional Insured on the Certificate of Liability Insurance."**
- 2) Contractors are required to register with VendorSmart and upload a copy of their insurance certificate. <http://rms.vendorsmart.com/> this is a free service. Registration must be completed in order for Approval Letter to be issued.  
Certificate of insurance from the contractor must have liability, automotive, and workers compensation showing the association as additional insured. Every contractor MUST have workers comp to work on the property, no exceptions! The COI must name the Association & Association Address as the Certificate Holder and must be marked "Y" for Additional Insured. A sample is attached.
- 3) Copy of your contractor's license. Please note the name on the licenses must be the same as on the insurance and on the agreement.
- 4) A check payable to Royale Management Services Inc. for \$100.00

ASSOCIATION NAME: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

UNIT #: \_\_\_\_\_ BUILDING: \_\_\_\_\_ PHONE#: \_\_\_\_\_

TYPE OF CHANGE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# Credit Card Payment Authorization Form

Royale Management Services, Inc.

## RMS Accounting

2319 N Andrews Avenue  
Fort Lauderdale, FL 33311

This form authorizes RMS Accounting to charge the following services to my credit card.

Account Name \_\_\_\_\_

Services or Invoice# \_\_\_\_\_

\_\_\_\_\_

Authorized Charge Amount \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card \_\_\_\_\_ American Express \_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Card Holder