Harbor's Edge Condominium Association of Pompano Beach

# Roof Access Authorization Request Form

## Roof Access Hours

Monday to Friday: 9:00 AM – 4:00 PM

Saturday & Sunday: Access is not permitted.

For emergency access outside of regular hours, please contact the 24/7 Association Hotline at 1-704-594-5704 and request to be transferred to the Board of Directors.

## Unit Owner Information

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Vendor Information

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Purpose of Roof Access

(e.g., HVAC service, inspection, repair):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Requested Date(s) of Access

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Required Documentation (must be submitted with this form):

1. Copy of Vendor’s Business License

2. Copy of Vendor’s Certificate of Insurance (COI)

 - Must name Harbor's Edge Condominium Association of Pompano Beach as the certificate holder

3. Copy of General Liability Insurance Certificate

## Submission Instructions

Submit this completed form with all required documentation to:

secretary@clqcondo.com

At least 7 days prior to the requested date of access.

## Acknowledgment & Agreement

By signing below, the unit owner and vendor acknowledge and agree to follow all roof access guidelines and safety protocols as required by the Board of Directors and Harbor's Edge Condominium Association of Pompano Beach. Failure to comply may result in denied access and/or additional enforcement actions.

Unit Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For Association Use Only

Access Approved: [ ] Yes  [ ] No

Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Directors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes / Instructions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⚠️ Unauthorized access to the roof is strictly prohibited and will be treated as trespassing. Violators may be reported to local law enforcement.

This form is also available online at:

https://casalaquintacondominiumassociation.managebuilding.com/Resident/portal/documents