CLEAR FORM BY CLICKING ABOVE

PLAZA DEL PRADO

CONDOMINIUM

ADDITIONAL OCCUPANT PACKAGE

2024 / 25

INSTRUCTIONS:

* You may download and print the form to manually complete and submit via email or drop it off to the Management office on the 6th floor of the condominium.

OR

* Complete the form electronically. Fillable fields are highlighted throughout the document and by typing some of the basic information on the following page, all corresponding fields in the document will be automatically filled so that you don't have to repeat type. Once completed, save / print and then submit it via email or drop it off the printed set to the Management office. All payments must be delivered in person, via checks, made out to "PLAZA DEL PRADO CONDOMINIUM". Electronic Signature fields in this document is designed for Adobe issued digital signatures. You can print for ink signatures or use external services like DocuSign, or any other legally approved providers. Take guidance from your Realtor / Broker.

email: admin@plazadelprado.net | Cc. management@plazadelprado.net

IMPORTANT NOTE: Short term rentals or any private arrangement of your condominium units through AIR BNB, Craig's List, or through any other service is illegal and will result in enforcement action, which may include but not be limited to, imposition of fines, arbitration or court injunctions, and claims for damages, costs and attorneys' fees. Resist the urge to do this for short term gain, and please respect the rules, regulations and provisions of the Condominium Documents. Your fellow unit owners and tenants do not need unauthorized people in the community. Please respect the rules and regulations relating to guests and rentals of units in our building.

IMPORTANT NOTICE

Dear Applicant(s), we are glad that you are considering residence at Plaza Del Prado, and we look forward to your joining our community. This Notice is included with your application primarily to inform you that the condominium is currently undergoing several projects related to the 40-year recertification, which includes the exterior restoration and painting. You must read and understand what this project entails.

Scope of Work [Exterior Maintenance]

- Stucco repairs – Building envelope.
- Concrete repairs to Balcony slab edges and corners, including railing posts.
- Concrete Repairs to other areas as needed.
- Stripping old weatherproofing and installing new

The exterior maintenance project started August 2024 and is projected to complete by Q3 2026. However, individual unit lines will see completion progressively.

Construction Start Date: Aug 27, 2024

- **Construction Time Per Unit Line**: It is estimated that each unit line will take approximately 5 to 6 months for completion. Completion means, repairs, weatherproofing and final painting. The schedule may have to be adjusted for delays due to weather conditions or other unforeseen situations.

Construction Conditions & Impact

- **Balcony Access:** When swing stages are rigged over unit lines, residents can view cabling and staging equipment out their windows and balcony. Residents must shut close and lock all windows to mitigate noise from the construction and prevent dust or debris from getting inside the unit. Sliding Glass Door(s) to the balcony must also be closed and locked, Access to your balcony will closed for construction and for the duration of approximately 5 to 6 months. The contractors will apply a safety film to the exterior glass surface for protection. Window blinds and shades should be used for privacy.
- **Noise and Dust:** Construction activity includes jackhammering which will cause continuous or intermittent noise throughout the building at different levels.
- **Hours of Construction:** Construction work will be allowed between 8 AM and 5:30 PM, Monday to Friday. The Association may allow limited work on Saturdays. *Exception to the rule - Securing the site during weather related or other emergencies.*
- **Pool Decks & Temp Closure:** Repairs on and around the pool decks will be scheduled in a manner that has at least one of the two pools will be open for use. The schedule and the duration of closures will be advised in due time.

I, _____ acknowledge having read and understood the above disclaimer regarding Plaza Del Prado Condominium Association, Inc.'s Interior / ExteriorProjects.

_____ _____

Signature *Date*

PLAZA DEL PRADO CONDOMINIUM ASSOCIATION INC.

OCCUPANT/RESIDENT CONTACT INFORMATION SHEET

Unit #: _____

APPLICANT

Full Name: _____ Date of Birth: _____

Telephone: CELL _____ OTHER _____

E-Mail Address: _____ Relationship To Owner_____

CO-APPLICANT **N/A** ☐

Full Name: Date of Birth: _____

Telephone: CELL OTHER

E-Mail Address: _____

Relationship To Owner: _____

3RD OCCUPANT **N/A** ☐

Full Name: Date of Birth: _____

Telephone: CELL OTHER

E-Mail Address: _____

Relationship To Owner: _____

4TH OCCUPANT **N/A** ☐

Full Name: Date of Birth: _____

Telephone: CELL OTHER

E-Mail Address: _____

Relationship To Owner: _____

RULES AND REGULATIONS RECEIPT FORM

click here to view/download Rules & Regs of the condominium

Applicant

I_____ am a prospective occupant of Unit # _____ at Plaza Del Prado Condominium. I acknowledge having read, understood and received a copy of the Rules and Regulations of Plaza Del Prado Condominium Association, Inc. and agree to abide by it.

Signature: Date:

_____

Co-Applicant

I_____ am a prospective occupant of Unit # _____ at Plaza Del Prado Condominium. I acknowledge having received a copy of the Rules and Regulations of the Condominium Association, Inc.

Signature: Date:

_____ _____

18071 Biscayne Blvd. Aventura, FL 33160
Ph: {305) 931-5643 or Fax: {305) 931-9685

PACKAGE RECEIPT AUTHORIZATION FORM

Please return this form to:
Management Office Attn: Property Manager
Email: **management@plazadelprado.net**

TO: PLAZA DEL PRADO CONDOMINIUM

FROM: UNIT OWNER/RESIDENT: .....

UNIT#: _____

THE UNDERSIGNED, the owner(s) of Unit listed above (the "Unit") of PLAZA DEL PRADO CONDOMINIUM hereby authorizes the personnel employed by PLAZA DEL PRADO CONDOMINIUM (the "Association") to accept, receive and sign for any parcels, deliveries, or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this Authorization is solely for the benefit of the undersigned, we hereby release the Association, its employees and agents, from any liability arising from this Authorization, including, without limitation, liability arising from the misplacement of parcels, and/or the negligence of the Association, its employees or agents in such regard.

EXECUTED THIS _____ Day _____ Of _____ 20____

By _____ & _____
Applicant Signature Co-Applicant Signature

(On behalf of all residents of above unit)

Print Name(s): _____

Del Prado Policies

I/we hereby agree for myself and on behalf of all persons who use the unit in which I seek to reside:

- Occupant/applicant must abide by all of the restrictions contained in the Declaration of Condominium, Bylaws, Rules and Regulations, and all other Association policies which are or may in the future be imposed by the Plaza Del Prado Condominium Association.
- **Occupancy regulations:**
  One bedroom apartment (<1005 sqft) no more than **2** occupants
  Convertible apartment (<1251 sqft) no more than **3** occupants
  Two bedroom apartment (<1565-1605 sqft) no more than **4** occupants
  Three bedroom apartment (<1800 sqft) no more than **6** occupants
- All approved applicants must attend an interview held by our screening committee and property manager.
- All checks or money orders to be paid to: **Plaza Del Prado Condominium**
- All outstanding charges against the unit must be satisfied prior to the Association giving the consent to add additional occupant.
- By signing below, I authorize Plaza Del Prado Condominium Association to send me official communications via email.

Applicant's Signature: _____ Date: _____

Email: _____

Co-Applicant's Signature: _____ Date: _____

Email: _____

☐ NOT APPLICABLE - Don't Have any Pets or SA / ESA

PET REGISTRATION FORM

Resident Name: _____ Unit #: _____

1st Pet Information:

Pet Name: _____

Please attach photo of Pet here

Type of Pet: _____ Weight: _____

Age: _____ Breed: _____

Color: _____

Vaccines Certificates: -

2nd Pet Information:

Pet Name: _____

Type of Pet: _____ Weight: _____

Please attach photo of Pet here

Age: _____ Breed: _____

Color: _____

Vaccines Certificates: -

I have read and understood the Rules and Regulations of the condominium, regarding pets and agree to abide by them.

Pet Owner's Name & Signature:

_____ Date: _____