

Harbor Pines Condominium Association

Application Agreement for Owners and Tenants

Name of Business: _____

Business Owner's Name: _____

Business Phone Number: _____ Email: _____

Hours/Days of Operation: _____

Unit #: _____ Number of Daily Occupants in Unit*: _____

***Due to water restriction, the City of Melbourne deems no more than 4 individuals in an office at one time. No medical practices, hair salons, call centers, after hours events, etc. that use more than a normal "office" water amount at any time will be approved due to this water restriction unless pre-approved by the Harbor Pines Board of Directors.**

Type of Business: _____ Summary of work to be performed: _____

Estimated Number of Daily Visitors to Unit (within 10%): _____

Average Duration of Customer visit: _____

Any possible events that will increase the number of occupants: _____

I attest that all the information above is true and correct, and I accept that my application must be reviewed and approved by the Harbor Pines Board of Directors before occupancy. I also understand any misrepresentation in the above or any deviation from the above will constitute as a violation of the Declaration of Condominium and HOA rules, and may result in a voiding of the lease and/or a cease-and-desist order to my business from the Association.

As an owner, I agree to pay all HOA requirements including monthly dues and approved assessments. I also agree to abide by HOA rules and requirements related to my use or my tenants use in an office.

As a tenant, I understand that there is a water restriction due to the building being on a septic tank system.

Date Harbor Pines Condo Association **Owner Name** Signature

Date Harbor Pines Condo Applicant **Tenant Name** Signature

All applications must be approved by at least 2 HPCA officers.

Application Approved Date: _____ Not Approved Date: _____

Reason not approved: _____

Date HPCA Officer Name Signature Title

Date HPCA Officer Name Signature Title