



UNIT REMODELING FORM

Unit Number _____ *Unit Owner* _____

Home Phone _____ *Work Phone* _____

Construction start date: _____ *Construction end date:* _____

Area: Living Room _____ Kitchen _____ Bath _____ Bedroom 1st 2nd 3rd _____

General description of work to be done: _____

Attach specifications and drawings.

List all contractors and insurance information below:

Contractor 1:

Company Name: _____

Address, City, Zip: _____

Phone: _____ Contact: _____

Insurance Carrier / Certificate expiration date: _____

Contractor 2:

Company Name: _____

Address, City, Zip: _____

Phone: _____ Contact: _____

Insurance Carrier / Certificate expiration date: _____



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Water Shut Down:

Water shut down will be required for what area? _____

Date requested: _____

Owner Check List / Signature:

1. Review all construction guidelines with contractors, including work time, deliveries, elevator scheduling, hallway protection, clean up, parking and registration with management office.
2. Submit complete details of all work, including contractors, plumbing fixtures, certificates of insurance at least 30 days before work begins. The management office will return a list of questions or the approved form.
3. Schedule water shut downs at least 3 days in advance.
4. The Association retains the right to stop any work that is not in compliance with the construction guidelines or is perceived to present a danger to the property or units.
5. Contractors will not be allowed on the property until all forms and paperwork are received, reviewed and approved.

I have read the construction guidelines and agree to be responsible for the work done in my unit and the actions of my contractors at all times. I agree to abide by the construction guidelines, house rules and declaration of condominium ownership.

Unit owner signature

Date

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FOR OFFICE USE

Engineer's Approval: _____ Date: _____

Office Approval: _____ Date: _____

Inspection Comment/Date: _____

Water Shut Down/Date/Area: _____

Common Area Inspection: _____

