

**555 Cornelia Condominium Association
Unit Remodeling Form**

Unit Number _____ **Unit Owner** _____

Home Phone _____ **Work Phone** _____

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

Area: Living Room _____ Kitchen _____

Tub Bathroom _____ Shower Bath _____

Bedroom 1st 2nd 3rd _____

General description of work to be done: _____

Attach specifications and drawings. Detail plumbing fixtures to include make, model and pressure rating. Flooring specifications should note type of sound proofing material.

Plumbing Fixtures (List type, model number and pressure rating for fixtures)

Shower faucet: _____

Basin Faucet (shower) _____

Toilet (shower) _____

Sloan Valve (shower) _____

Tub faucet: _____

Basin faucet (tub bath) _____

**555 Cornelia Condominium Association
Unit Remodeling Form**

Toilet (tub bath) _____

Sloan valve (tub bath) _____

Kitchen faucet: _____

List all contractors and insurance information below:

General Contractor / Carpentry Contractor:

Company Name: _____

Address, City, Zip: _____

Phone: _____

Contact: _____

Insurance Carrier / Certificate expiration date: _____

Flooring / Carpeting Contractor

Company Name: _____

Address, City, Zip: _____

Phone: _____

Contact: _____

Insurance Carrier / Certificate expiration date: _____

Plumbing Contractor

Company Name: _____

Address, City, Zip: _____

Phone: _____

Contact: _____

Insurance Carrier / Certificate expiration date: _____

**555 Cornelia Condominium Association
Unit Remodeling Form**

License Number (required) _____

Painting Contractor

Company Name: _____

Address, City, Zip: _____

Phone: _____

Contact: _____

Insurance Carrier / Certificate expiration date: _____

Electrical Contractor

Company Name: _____

Address, City, Zip: _____

Phone: _____

Contact: _____

Insurance Carrier / Certificate expiration date: _____

HVAC / Fan Coil Convector Contractor:

Company Name: _____

Address, City, Zip: _____

Phone: _____

Contact: _____

Insurance Carrier / Certificate expiration date: _____

Water Shut Down:

Water shut down will be required for what area? _____

**555 Cornelia Condominium Association
Unit Remodeling Form**

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 5 days in advance. One shut down per project will be scheduled.
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

Association Approval: _____ Date: _____

Engineer's Approval: _____ Date: _____

Inspection Date/Comment: _____

Inspection Date/Comment: _____

Water Shut Down/Date/Area: _____

Common Area Inspection: _____

Comments :