

# DESCRIPTION OF RENOVATION/CONSTRUCTION

## UNIT INFORMATION

**Condominium Association Name:**

**Condominium Street Address:**

**Unit Number**

**Unit Owner Name(s)**

**Mailing Address, if different**

**Telephone Number**

**Email Address**

## DESCRIPTION OF PROJECT

**Please describe in detail what you are having done to your Unit.**  
Please be sure to indicate the location(s) of the work within the unit.

**Will any common areas be penetrated or affected?**

**If yes, how?**

## SCHEDULE OF WORK

**Projected Start Date**

**Projected Completion Date**

## CONTRACTOR INFORMATION

**Contractor 1 Name:**

**Address, City, State, Zip:**

**Phone Number:**

**Contractor 2 Name:**

**Address, City, State, Zip:**

**Phone Number:**

***Please note: Contractors without insurance may not be conduct work at on the property. A copy of the insurance certificate for each contractor is required. If you are acting as your own contractor, then the insurance certificate(s) apply to the sub-contractors.)***

Attach the following documents to your application:

- Contractor Insurance Certificate
- City/Town Building Permit

I, THE UNDERSIGNED UNIT OWNER, HAVE READ THE CONDOMINIUM DOCUMENTS AND RULES AND REGULATIONS PERTAINING TO REPAIRS AND CONSTRUCTION AND ACKNOWLEDGE MY RESPONSIBILITY AS OWNER TO UPDATE THIS APPLICATION IN THE EVENT OF ANY CHANGE TO THE WORK AND/OR SCHEDULE.

\_\_\_\_\_  
Signature of Unit Owner

\_\_\_\_\_  
Date

*For Office Use Only:*

*Date Received:*

*Application Complete:*

*Date sent to the Board:*

*Approved: Y or N*