



CO-OP APARTMENT RENOVATION AND REMODELING REQUEST FORM

Building _____ Owner _____

Apt# _____ Home # _____ Work# _____

CHECK OFF ROOMS TO BE RENOVATED, DESCRIBE WORK TO BE PERFORMED AND LIST NEW APPLIANCES, BATHROOM FIXTURES AND OTHER EQUIPMENT TO BE INSTALLED.

_____ KITCHEN _____

_____ BATHROOM _____

_____ 2ND BATHROOM _____

_____ MASTER BEDROOM _____

_____ 2ND BEDROOM _____

_____ LIVING ROOM _____

_____ DINING ROOM _____

_____ FOYER _____

_____ OTHER _____



LIST NAME, ADDRESS AND PHONE NUMBERS OF ALL CONTRACTORS

General Job Foreman _____

Address _____

City _____

Phone _____

Electrician _____

Address _____

City _____

Phone _____

Plumber _____

Address _____

City _____

Phone _____

Carpenter _____

Address _____

City _____

Phone _____

I plan to start work on _____. I expect to complete the work by _____. All contractors are licensed. All new Electrical and Plumbing materials to be used comply with State and Local Building Codes. All plumbing and electrical work will be filed with the local Building Department and appropriate agencies. All work will be performed in an orderly and professional manner. All work will take place Monday through Friday between 9:00 A.M. and 5:00 P.M. I will be responsible for the removal of all debris. I will contact and coordinate all work with the Building Superintendent. My contractors will not interrupt the Water service to the building without first notifying the Superintendent. I will be responsible for any and all damage caused to the public areas and building as a direct result of this work. I will sign and return this form with a \$1,500.00 Security Deposit payable to Tudor Arms Owners Corp. I enclose with the form a Certificate of Insurance from all Contractors and a plan for all work to be performed. I understand that any changes which arise from damage to the building or public areas will result in a forfeiture of my security deposit. I agree to pay any additional charges for damage to the building or public areas which exceed \$1,500.00. I will not commence work until I receive approval to proceed from either the Managing Agent or Board of Directors. Removal of any apartment radiators is strictly prohibited and would cause a forfeit of security deposit.

Owners Signature _____ **Date** _____

YOU ARE HEREBY AUTHORIZED TO PROCEED.

Signature _____ **Date** _____