

# 174 GOLDEN GATE POINT ASSOCIATION, INC

## Application Request for Alteration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

- a) Request: (Please attach any drawings, plans and detailed description of proposed work)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) Add a main or water shut off valve with restoration plans.

- c) Name, address & telephone number of contractor: \_\_\_\_\_

\_\_\_\_\_

- d) Attach copy of contractor's license and certificate of liability insurance. (Workers' Compensation Insurance must be included if required, or as requested by the Board of Directors.)

- e) Permits: (\_\_\_) Permit Required; (\_\_\_) Permit Not Required. (If permit is required, a copy of the permit should be submitted prior to the commencement of any work.)

- f) Work schedule and projected completion date: \_\_\_\_\_

- g) If necessary, permission is hereby granted for members of the Board of Directors and/or Building Committee to enter onto my property to make reasonable inspection of proposed alteration.

- h) The proposed alteration will not cost the Association any monies, nor will it affect their insurance policies.

- i) Project Hours: Monday – Friday 8AM – 6PM; Saturday 9AM – 5PM. No work on Sunday or Holidays.

- j) Under no circumstance can the contractor or unit owner use the common dumpsters. Roll off dumpster has to be moved from premise each day.

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Last Updated: February 2, 2018