

FCC11 - APPLICATION FOR RENOVATION

Name(s): _____ Unit: _____

Contact Number: _____

Request Date: _____ Installation Date: _____

Prior to the start of renovations, you must receive written approval from the Property Manager. Please provide applicable drawings and specifications along with this completed form.

Renovations must comply with all House Rules and are subject to the following requirements:

1. Your contractor must not drive into the residential garage for any reason. Their vehicles must remain parked outside.
2. You must book the elevators with the Management Office.
3. Your contractor must remove all debris from the site. FCC11 is not responsible for disposing this.
4. Your contractor must not damage any common elements including corridor walls, carpets, fixtures, elevators or the lower lobby. Costs to repair such damage will be charged to your unit.
5. Your contractor must provide evidence of sufficient insurance coverage for the work intended.
6. Hours of work are 9:00 a.m. to 5:00 p.m. Mondays through Fridays. No work is allowed on weekends or holidays.
7. Common element electrical wiring, plumbing lines and smoke detectors must not be altered. Public Address speakers must not be removed, painted or obstructed.
8. Concrete must not be chipped or cut for any reason.
9. All work must be completed within 3-months from when it begins.

I/We agree to indemnify and save harmless FCC11 from and against loss, cost, damage, injury, or liability whatsoever caused by the renovation to my Suite. I/We confirm that we have the required permits and insurance to cover the work directly or through contractors. I/We agree to perform all renovations in accordance with applicable Building Codes and House Rules.

DATED this _____ day of _____

Suite: _____ Signature: _____

CONDITIONAL APPROVAL: _____ Date _____ Property Manager: _____ Signature _____

BOARD APPROVAL: _____ Date _____ Director: _____ Signature _____

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Suite: _____

General Contractor Name: _____

Room	Renovation	Check if Applicable
Kitchen *	Flooring	
	Cupboards	
	Countertop	
	Plumbing Fixtures	
	<i>Other (provide detailed description of work)</i>	
Bathroom *	Flooring	
	Vanity and/or countertop	
	Tub and/or toilet	
	Shower stall	
	<i>Other (provide detailed description of work)</i>	
Ensuite Bathroom *	Flooring	
	Vanity and/or countertop	
	Tub and/or toilet	
	Shower stall	
	<i>Other (provide detailed description of work)</i>	
Other Area*	<i>Please provide detailed description of work</i>	

HARD SURFACE FLOORING: *

Location	Hardwood	Tile	Carpet	Vinyl
Living / Dining				
Hall				
Kitchen				
Bathroom(s)				
Bedroom(s)				

HARDWOOD DETAILS (Attach specifications). Contractor Name: _____

BRAND / SUPPLIER	ENGINEERED	SOLID	THICKNESS	FLOATING	GLUED

TILE DETAILS (Attach specifications). Contractor Name: _____

TYPE / DESCRIPTION	ENGINEERED	SOLID	THICKNESS	FLOATING	GLUED
	N/A	N/A		N/A	N/A

* All hard surface flooring requires an appropriate underlayment rated at FIIC 60 or better. Proof of FIIC rating must be submitted with each renovation request.