

ALTERATION AGREEMENT
SHORT FORM – TYPE 1 RENOVATIONS

Date:

Shareholder:

Please be advised that work cannot begin until this form, along with the requested information, is submitted to the superintendent and he has given his approval. This form with requested information must be submitted at least ten business days in advance of the intended start date. A second copy of the package must be submitted at the same time to the building manager.

1. Homeowners' insurance carrier and policy number:

Please submit a copy of the policy declarations page showing coverage for damage to your property and coverage for liability and medical payments to others.

2. Please submit a copy of your contractor's certificate of insurance.

3. Please provide a copy of the proposal from the contractor containing a description of the work to be done:

4. When would you like to begin?

5. When do you anticipate the work will be completed?