



Unit Renovation Application Form

Name: _____ Date: _____

Address: _____ Lavers Circle, Unit _____ Phone #: _____

Starting Date: _____ **Anticipated Completion Date:** _____

Description of Renovation/Modification (include drawings, if applicable):

Name of Company: _____ Phone #: _____

Contractor Address: _____ Email: _____

Must Include:

- ___ * Copy of Cert. of Insurance (listing Lakeside Association, Inc. as the Cert. Holder & Additional Insured)
- ___ * Copy of Occupational License
- ___ Proof of Workman's Compensation
- ___ Contractor's Proposal/Contract
- ___ Workman's Compensation Exemption & Lakeside Workman's Comp. Waiver

**If a General Contractor (GC) is used, the unit owner must submit name, address, & phone numbers, along with the GC's Occupational License and Certificate of Liability Insurance.*

For tile/hardwood floors, the owner (2nd through 5th floors) must install soundproofing materials (cork must be 1/2 inch or other approved soundproofing materials) and must be listed on proposal/contract.

ALL WORK IS ALLOWED MONDAY - FRIDAY 8:00am - 5:00pm, SATURDAY 10:00am - 5:00pm. NO WORK IS ALLOWED ON SUNDAY.

PLEASE NOTE: FIRE ALARMS, HORNS AND SPRINKLER HEADS CANNOT BE TAMPERED WITH, REMOVED OR PAINTED!

Unit Owners Affidavit:

I agree to abide by Lakeside Association Rules and Regulations and hereby take full responsibility for the work done in my unit. I understand I will be held responsible for any damage done to the property and hold the Association harmless from any liability and/or cost of any replacement in part or in whole. I agree to comply with all applicable State, County, or City building codes, and to obtain all necessary permits. **All work will be completed within two (2) weeks unless noted on Proposal/Contract.**

Unit Owner Signature: _____ Date: _____

FOR ASSOCIATION USE ONLY

_____ APPROVED _____ DISAPPROVED Date: _____

Comments: _____
