

Longfellow Hall Condominium
Apartment Renovations

Apt No: _____

Name: _____

Tel: _____

Area to Be Renovated: _____

Description of Work:

Contractor Licensed: _____

***Please include a copy of your contractor's license and proposal. The proposal should state "No bearing walls are to be removed." In addition, an insurance certificate from your contractor is required to read you, the Shareholder, as the certificate holder and Longfellow Hall Condominium Condo. c/o Kaled Management as an additional insured.**

Electrician: _____

Plumber: _____

Certificate of Liability: _____

Workers Compensation: _____

Starting Date: _____

Completion Date (Within two weeks): _____

Final Inspection (By maintenance Staff): _____

Specialty Items (i.e., washer, Jacuzzi Tub etc.): _____
(To be discounted if problematic)

Structural Changes are not permitted without prior written approval.

Work Limited between hours of 8AM and 5 PM, Monday thru Friday (excluding legal holidays) and 11:00AM – 5:00 PM on Saturday.

Signature _____ Date _____

***PLEASE NOTE THAT ALL PAPERWORK MUST BE SUBMITTED BY THE SHAREHOLDER NOT THE CONTRACTOR.**