

OWNER ALTERATION APPLICATION

Please complete all information and submit the application to the General Manager.

Apartment Number: _____

Apartment Owner Name: _____

Telephone: _____ Fax: _____ Email _____

DETAILED DESCRIPTION OF REMODEL WORK (SUBMIT PLANS AS APPLICABLE AND PLEASE ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY)

Electrical: _____

Plumbing: _____

Structural: _____

Any drilling, cutting, chiseling, or other alteration of any concrete wall, ceiling, floor or other concrete:

Demolition: _____

Other: _____

Permits: _____

CONTRACTOR: _____

ADDRESS: _____

LICENSE(S) #s: _____

PHONE: _____

EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

LICENSE(S) #s: _____

PHONE: _____

EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

LICENSE(S) #s: _____

PHONE: _____

EMAIL: _____

Will there be any drilling, cutting, chiseling, or other alteration of any concrete wall, ceiling, floor or other common element? Yes _____ No _____

Proposed start date _____ Proposed Completion Date _____

Please initial each line.

I UNDERSTAND, ACKNOWLEDGE AND AGREE:

_____ I have read, understand and agree to abide by the rules and regulations of the Association, including the rules and regulations of the Apartment Alteration Policy.

_____ I have provided all contractors a copy of the Apartment Alteration Policy.

_____ I am subject to claims for expense, review, repair, consultant, legal and other costs incurred by the Association as a result of any violation of the Declaration, Bylaws, House Rules and the Apartment Alteration Policy.

_____ I agree to indemnify, hold harmless, and defend the Association and the Association's agents, directors and representatives against all liability, judgments, expense (including costs and attorneys' fees), or claims by third parties for any injury to any person or damage to property of any kind whatsoever caused by the work and/or alterations in my apartment.

_____ I shall be liable for any damage or injury whatsoever caused by the work and shall pay the damaged and/or injured party for any and all costs incurred by the damaged and/or injured party as a result of damage or injury caused by the work.

_____ I verify that enclosed with this application are true and correct copies of the plans/specifications/drawings.

_____ I understand, acknowledge and agree that any approval granted by the Association is only for the work identified in this application. I will immediately notify the General Manager in writing of any changes to the work proposed in this application.

_____ I understand Major Alterations may require approval by the AOA selected Consultant and I agree to pay the fees for Consultant, which typically range from \$150 to \$600 per application.

_____ I understand that I must provide a Certificate of Liability at the onset of this project and that Wailea Ekahi is to be added on this insurance policy as "insured by". Any fee's applicable to this are the responsibility of the owner or contractor.

Date _____

Apartment Owner's Signature: _____

Print Apartment Owner Name: _____

FOR COMPLETION BY GENERAL MANAGER:

The proposed alteration is a: Minor Alteration _____, Major Alteration _____.

The Board of Directors has approved the application on _____. The approval is valid for _____ months from the date of approval of this application.

Date of Approval

General Manager