Coakley Bay Association

Request for Approval of Improvements

Name: _____ Unit Number: _____

Date: _____ Time: _____

Please provide below, a description of work to be approved:
(i.e. electrical upgrades to living room, plumbing hookups for washer dryer, new floor tile, split A/C in bedroom, etc.)

_____

_____

_____

_____

The following contractors have been hired to perform the work:

_____

_____

_____

The work is scheduled to begin on _____, with expected completion by _____.

Does this work involve a dumpster or staging of materials on the common areas? ☐ YES ☐ NO

If so, where? _____

Does this work involve any alteration to the outside of the building and if so what? _____

_____

I certify that:

☐ All workers have been informed that work is allowed only between the hours of 8:00 AM and 5:00 PM, Monday through Friday. No work shall be performed on holidays.
☐ I am aware that the work is subject to periodic inspection by the General Manager.
☐ I understand I am responsible for any damage caused either directly or incidental to this work, to other units, personal property, the building or any other common area.

Owner's Signature _____ Date _____

General Manager's Signature _____ Approval Date _____

If necessary, this request was reviewed and was approved / disapproved by the board of directors at their meeting held on _____.