



CONDOMINIUM ASSOCIATION  
1519 EAST CENTRAL ROAD  
ARLINGTON HEIGHTS, ILLINOIS 60005  
(847) 228-5176 • Fax (847) 228-5190

*Please submit completed application to  
the management office.*

## PLUMBING ALTERATIONS & UPGRADE APPLICATION

HOMEOWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

BLDG ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DESCRIPTION: Provide General Description of the proposed Plumbing Remodeling:

☒ CONTRACTOR NAME: \_\_\_\_\_ OR WORK BY OWNER.

☒ Contractor's Proposal and evidence of insurance naming Dana Point as additionally insured **MUST BE ATTACHED** to this application **OR** Attach Manufacturer's Material List if work done by Owner.

**BATHROOM, KITCHEN, & PLUMBING REMODELING:** Any changes to the Unit's Bathroom and Kitchen Plumbing Fixtures require notification of the Property Management Office **A MINIMUM OF 48 HOURS PRIOR** to the installation.

**BUILDING WATER SHUT OFF NOTIFICATION:** Whether done by a Professional Plumber or Home Owner the Property Management Office has to have Maintenance shut the water off to the Building's Tier and all Residents in that Tier will be notified.

**EMERGENCY PLUMBING REPAIRS:** The Maintenance Staff require **ADVANCE NOITICE** OF ANY AND ALL unit plumbing changes. In the event the scheduled remodeling does not go as planned the Maintenance Staff will have to assist.

**PLUMBING SHUT OFF VALVES:** When there are no plumbing shut off valves present the Owner is required to have them installed at the same time plumbing remodeling is scheduled and the water is shut off to the Unit.

**NOISE:** Unit Owner/Tenant remodeling (hammering, drilling, etc.) whether done by Unit Owner/Tenant or Contractor shall be done between 8:00 a.m. and 8:00 p.m., Monday through Friday; between 9:00 a.m. and 4:00 p.m. on Saturday; and 10:00 a.m. to 3:00 p.m. on Sunday.

**Failure to acquire approved A&A Applications for any type of Improvement, Upgrade or Alteration MAY RESULT IN THE BOARD REQUIRING REMOVAL AND AFFECTED AREA TO BE RESTORED AT THE OWNER'S EXPENSE.**

**ACKNOWLEDGEMENT:** *I acknowledge that I am required to have written permission from the Dana Point Board of Directors Prior to Proceeding with my Alteration or Upgrade. I accept full responsibility for the altered area and agree to maintain it in a safe and presentable condition.*

OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received By Office: \_\_\_\_\_ Date Approved: \_\_\_\_\_

BOARD SIGNATURE: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Final Inspection By: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Date Copy Sent to Owner: \_\_\_\_\_ Contractor Certificate of Insurance on File:

Date Original Sent to File: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_