

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: Linda Kozelj DATE: Feb 12, 13

BLDG ADDRESS: 1615 UNIT # 206A HOME PHONE: 847-640-6517

CELL PHONE: — WORK PHONE: 847-563-8131

DESCRIPTION: Provide General Description of the proposed Plumbing Remodeling:

Replacing bath tub

CONTRACTOR NAME: Bath Fitters 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 NOTICE 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: Linda Kozelj DATE: Feb 12, 2013

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 _____



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ALTERATIONS & ADDITIONS APPLICATION

HOMEOWNER: Linda Kozeluk DATE: 2/12/13 *

ADDRESS: 1615 E Central Rd 206A HOME PHONE: 847-690-6577*

CITY: Arlington Hts IL 60005 WORK PHONE: 847-413-8131*

DESCRIPTION OF IMPROVEMENT: Bath tub replacement *

*

DIMENSIONS: Bath tub *

*

SUPPLIER: Bath Effects APROXIMATE COST: 5,000. ** *

SUPPLIER MUST PROVIDE CURRENT CERTIFICATE OF INSURANCE TO DANA POINT NAMING THEM AS ADDITIONAL INSURED.

DRAWINGS OF ALL IMPROVEMENTS MUST BE ATTACHED TO THE APPLICATION TO SHOW LOCATION AND DIMENSION RELATIVE TO EXISTING RESTRICTIONS.

WINDOW & DOOR REPLACEMENTS, OWNERS CAN ONLY USE DANA POINT APPROVED MANUFACTURERS. FAILURE TO ACQUIRE APPROVED APPLICATIONS FOR ANY TYPE OF IMPROVEMENT/ALTERATION TO COMMON OR LIMITED COMMON ELEMENTS MAY RESULT IN BOARD REQUIRING REMOVAL AND Affected AREA TO BE RESTORED AT THE OWNER'S EXPENSE.

SIGNING OF THIS DOCUMENT, 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.

Signature: Linda Kozeluk DATE: February 12, 13 *

SEND COMPLETED FORM TO THE MANAGEMENT OFFICE AT ADDRESS AT TOP OF FORM.

FOR OFFICE USE ONLY

DATE RECEIVED: BY OFFICE: *

DATE APPROVED: BOARD SIGNATURE: *

REASON FOR DISAPPROVAL: *

FINAL INSPECTION BY: DATE: *

COPY TO HOMEOWNER: CERTIFICATE OF INSURANCE ON FILE: *

ORIGINAL TO FILE: YES NO *



Arlington Heights, Illinois

BUILDING PERMIT

MUST BE POSTED IN PLAIN VIEW FROM STREET

12-0196

PERMIT NO.

ADDRESS: 165 E Central

CONTRACTOR: Bob Smith

CONSTRUCTION: 165 E Central

DATE: 2/14/13
EXPIRES ONE YEAR FROM DATE ISSUED

YOU MUST HAVE YOUR PERMIT NUMBER WHEN CALLING TO SCHEDULE AN INSPECTION
Call 368-5560 24 hrs. Prior to rough inspection
Call 368-5560 48 hrs. Prior to final inspection
and architect's letter required

REQUIRED INSPECTIONS LISTED BELOW

1. CONCRETE/BRICK WORK (Prior to placement & final)
(BACKFILL REQUIRED PRIOR TO FINAL)
2. FOUNDATIONS
3. DRAIN TILE/DAMP PROOFING (Prior to backfill)
4. APPROVED SPOTTED PLAT (Prior to framing)
5. FIREPLACE
6. ROUGH-IN ELECTRICAL
7. ROUGH-IN PLUMBING
8. FRAMING
9. INSULATION (Prior to drywall)
10. BASEMENT - GARAGE FLOORS - STOOPS
11. ARCHITECT'S LETTER (Prior to final)
12. COMMERCIAL FINAL: BUILDING, ELECTRICAL,
PLUMBING, FIRE, HEALTH, GRADES,
LANDSCAPING (if applicable)

RESIDENTIAL FINAL: BUILDING, ELECTRIC,
PLUMBING, ENGINEERING (if applicable)

DIRECTOR OF BUILDING

DO NOT STORE MATERIAL ON PARKWAY OR STREET

**BATH
FITTER®****ACRYLIC BATH, SHOWER, AND WALL SYSTEMS****SCOPE OF WORK****PROJECT ADDRESS:**

1615 E. Central Rd., Unit 206A
Arlington Heights, IL 60005-3347

To Whom It May Concern:

It is the intent of Bath Fitter to install a new Moen pressure balancing valve and acrylic tub liner, surround and doors to replace the existing per the State of Illinois Plumbing codes at the above address.

Name of Company: Bath Fitter

Company Address: 1945 Techny Road

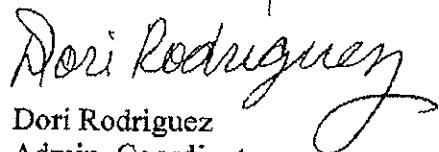
City: Northbrook State: IL Zip Code: 60062

Contact Person: Mark Schwinn (Manager) or Dori Rodriguez (Admin. Coordinator)

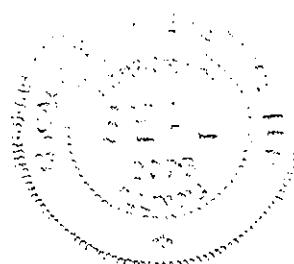
Contact Number: 847-934-0510

State of IL Plumbing Registration # (055): 055-041602

Sincerely,



Dori Rodriguez
Admin. Coordinator





CERTIFICATE OF LIABILITY INSURANCE

188996

DATE (MM/DD/YYYY)
2/12/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Commercial Lines - 800-868-8834

Wells Fargo Insurance Services USA, Inc.
6100 Fairview Road
Charlotte, NC 28210

INSURED

Chicago Bath Systems, LLC dba Bath Filter
9960 West 191st Street
Suite G
Mokena, IL 60448

COVERS

CERTIFICATE NUMBER: 5587209

REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LIC	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			SPP00000051120E	12/15/2012	12/15/2013	EACH OCCURRENCE	\$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 500,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 15,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			BA00000051116E	12/15/2012	12/15/2013	COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded: \$	<input checked="" type="checkbox"/>	Coll Ded: \$2,000					\$ Coll Ded: \$2,000	
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	CMB00000051116E	12/15/2012	12/15/2013	EACH OCCURRENCE	\$ 3,000,000	
	EXCESS LIAB	<input checked="" type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$ 3,000,000	
	DED <input checked="" type="checkbox"/>	RETENTION S	0					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ILW001279	12/15/2012	12/15/2013	X WC STATUTORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/>	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Dana Point, 1519 E. Central Road, Arlington Heights, IL is named as Additional Insured with respects to General Liability coverage as required by written contract.

CERTIFICATE HOLDER

Linda Kozeluh
1615 E. Central, #206A
Arlington Heights, IL 60005

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE