



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 Kozel DATE: Feb 12, 13  
BLDG ADDRESS: 1615 UNIT # 206A HOME PHONE: 847-640-6577  
CELL PHONE: --- WORK PHONE: 847-463-8131

DESCRIPTION: Provide General Description of the proposed Plumbing Remodeling:

Replacing bath tub

☒ CONTRACTOR NAME: Both 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 A Kozel 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 Kozeluh DATE: 2/12/13 \*

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

CITY: Arlington Hts IL 60005 WORK PHONE: 847-463-8131 \*

DESCRIPTION OF IMPROVEMENT: Bath tub replacement \*

DIMENSIONS: Bath tub \*

SUPPLIER: Bath Fitters APPROXIMATE COST: 5,000.00 \*

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 Kozeluh 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

PERMIT NO. 13-0196 DATE: 2/4/13 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

ADDRESS: 1615 E Central  
#206A

CONTRACTOR: Barton Fyfe

CONSTRUCTION: Moen Valve

John M. G. [Signature]

DIRECTOR OF BUILDING

- 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)

DO NOT STORE MATERIAL ON PARKWAY OR STREET



**ACRYLIC BATH, SHOWER, AND WALL SYSTEMS**

**SCOPE OF WORK**

**PROJECT ADDRESS:**

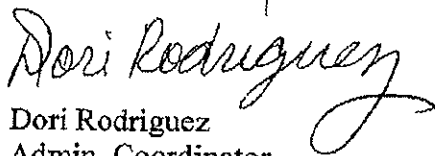
1615 E. Central Rd., Unit 206A  
Arlington Heights, IL 60005-3347

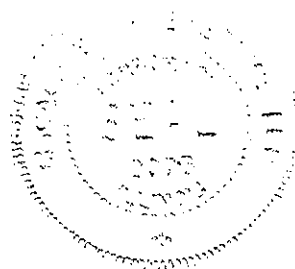
**To Whom It May Concern:**

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

198996

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).

<b>PRODUCER</b> Commercial Lines - 800-868-8834 Wells Fargo Insurance Services USA, Inc. 6100 Fairview Road Charlotte, NC 28210	<b>CONTACT</b> NAME: Judy Suarez PHONE (A/C No. Ext): 704-556-2580 FAX (A/C No.): 866-332-3051 E-MAIL: judith.suarez@wellsfargo.com ADDRESS:																					
<b>INSURED</b> Chicago Bath Systems, LLC dba Bath Fitter 9960 West 191st Street Suite G Mokena, IL 60448	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Harleysville Preferred Insurance Company</td> <td>35696</td> </tr> <tr> <td>INSURER B:</td> <td>Harleysville Lake States Ins Co</td> <td>14516</td> </tr> <tr> <td>INSURER C:</td> <td>Berkshire Hathaway Homestate Ins Co</td> <td>20044</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Harleysville Preferred Insurance Company	35696	INSURER B:	Harleysville Lake States Ins Co	14516	INSURER C:	Berkshire Hathaway Homestate Ins Co	20044	INSURER D:			INSURER E:			INSURER F:		
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## COVERAGES

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		SPP00000051120E	12/15/2012	12/15/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp Ded: \$ <input checked="" type="checkbox"/> Coll Ded: \$2,0		BA00000051118E	12/15/2012	12/15/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ Coll Ded: \$2,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CMB00000051116E	12/15/2012	12/15/2013	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	ILW001279	12/15/2012	12/15/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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

## CANCELLATION

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

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

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