

IMPERIAL TOWERS CONDOMINIUM

ARCHITECTURAL MODIFICATION

(including: A/C & Water Heater Installation)

APPLICATION

FOR RENOVATIONS OR INSTALLATIONS

Date: ___/___/___ Unit # _____ Unit Owners Name: _____

Phone: _____ Email: _____

Complete Detail – Scope of Work: _____

To aid in Code Compliance, the protection of yourself and Imperial Towers Condominium from liability exposure, all contractors doing work in your Unit must be licensed and insured. This application must be signed/approved by the Board of Directors prior to the commencement of work. *Condo Preliminary Approval:* _____ Attach items 1-4.

City of Hallandale must stamp this document as reviewed by them here: _____

[FINAL APPROVAL REQUIRED prior to commencement of work. Permits must be submitted to the Imperial Office]

Confirmation of City of Hallandale Review Stamp: Permits Required ☐ Yes ☐ No _____.

Please provide a copy of each of the following to the Association office prior to the contractor commencing work: UNIT NUMBER MUST BE ON EVERY DOCUMENT - Check off:

1. ☐ Certificate of Insurance for General Liability with limits of at least \$500,000 and Imperial Towers Condominium as 'Additional Named Insured'
2. ☐ Certificate of applicable Workman's Comp and Imperial Towers Condominium as 'Additional Named Insured'
3. ☐ License – active
4. ☐ Indemnification and Hold Harmless Agreement (pg 2 of 2)
5. ☐ Copy of Permit – Original must be posted as per city requirements; City must determine permitting needs and provide signature/stamp above.
6. ☐ Architectural Plans and Drawings (as applicable)

The undersigned hereby request approval for the above stated work; all applicable documents are attached. The undersigned hereby acknowledges the responsibility for all damages that may transpire as a result of the work performed including but not limited to the common areas of Imperial Towers Condominium. There is a \$250 Refundable deposit required prior to approval. Please deliver to the Maintenance Superintendent or simply slip through the mail slot in the Maintenance door with this form. The deposit will be returned, provided there are no damages to the common areas, including the elevator. An inspection will be performed by the Maintenance Superintendent or Board Member. Unit Owner acknowledges working hours of Monday – Friday from 9am and COMPLETED by 3pm.

X _____

Unit Owner ___/___/___

X _____

Unit Owner ___/___/___

ASSOCIATION'S OFFICE USE ONLY: [Approval Date ___/___/___] Authenticated by Imperial Towers Condominium Seal

President: [Final Approval-only]

Vice President: [Final Approval-only]

X _____

X _____

IMPERIAL TOWERS CONDOMINIUM

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This Release, Indemnification and Hold Harmless agreement (herein after referred to as the "Release") is executed this ____ day of _____ 20__ by the undersigned, Owner of Unit ____ located in the Imperial Towers Condominium Condominium (hereinafter referred to as the "Association").

Whereas, the Association will permit the undersigned to engage contractors and vendors (including all those working by, through, or under them, the "Personnel") to perform work within the undersigned's Unit subject to the terms and conditions set forth. The Contractor must submit a current certificate of insurance for general liability insurance with limits of at least \$500,000 naming Imperial Towers Condominium as "Additional Named Insured and Certificate Holder; a current certificate of applicable Workman's Compensation Insurance and current licenses and required permits.

The Undersigned specifically agree to the following:

1. The above documents are true and correct and are incorporated herein by reference
2. The undersigned acknowledges that the work performed by such Contractor/Vendor/ Personnel within their Unit shall be at the undersigned's sole risk and the Association shall not have any responsibilities or liability for the Work performed by such Personnel and further acknowledge and agree that the Association has made no representations regarding the Personnel's ability or qualifications to perform the work.
3. The undersigned hereby release, indemnify and hold harmless the Association and its directors, officers, agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees, at both trial and appellate level, arising out of or resulting from the contractor's /vendor's/personnel's entry to the undersigned's Unit and the work performed by them. This indemnification shall extend to all claims and damages, including consequential damages, losses and expenses attributable to bodily injury, death, damages, theft or destruction of real or personal property including loss of use arising out of or resulting from the Work performed by the contractor/vendor/personnel.
4. The Undersigned agrees to 'spot' inspections, by the Maintenance Supervisor and/or Property Manager, as dictated by the Board of Directors to ensure the work performed is covered by this 'Architectural Modification' approval
5. The Undersigned agrees they have received the "Statement of Responsibilities Regarding Asbestos" Form (attached page 3 & 4)

Starting Work without these forms completed will result in a \$100 Administrative fee to pursue compliance. Non-Compliance will result in a Violation and subsequent 'Fine' to be set by the Violation Committee. We have read this Release and understand and agree to all of its terms. We execute it voluntarily and with full acknowledge of its significance.

X _____
Unit Owner ____/____/____

X _____
Unit Owner ____/____/____

ASSOCIATION'S OFFICE USE ONLY: [Approval Date ____/____/____] Authenticated by Imperial Towers Condominium Seal

President: [Final Approval-only]

Vice President: [Final Approval-only]

X _____

X _____



**Broward County
ENVIRONMENTAL PROTECTION AND GROWTH MANAGEMENT DEPARTMENT
Pollution Prevention, Remediation and Air Quality Division (PPRAQD)**

STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING STRUCTURE, YOU MAY BE SUBJECT TO FEDERAL AND COUNTY RULES RELATING TO THE DEMOLITION AND HANDLING OF ASBESTOS CONTAINING MATERIAL. PLEASE FILL OUT THIS FORM TO DETERMINE IF THE ASBESTOS RULES AND THE FEE REQUIREMENT APPLY TO YOU. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

I. PROJECT INFORMATION:

Facility Owner: _____ Phone: _____
 Mailing Address: _____ City: _____ Zip: _____
 Project Address: _____ City: _____ Zip: _____
 Contractor Performing Work: _____
 Estimated Start Date: (MM/DD/YY) _____ Estimated Finish Date: (MM/DD/YY) _____
 Building Department Jurisdiction: _____
 Project Description: _____

☐ **Single-family residential home (not for commercial purpose) – If you check this box, skip sections II and III. Review the back of this form and then sign and date this form at the bottom.**

II. PLEASE MARK THE APPROPRIATE BOX(ES) IF APPLICABLE:

1. FACILITY: (Check One)

- | | |
|---|--|
| ☐ Commercial, industrial, or public building | ☐ School/College/University |
| ☐ Any residential building with more than four dwelling units | ☐ Unsafe structure |
| ☐ Two or more residential structures at the same site | ☐ Emergency |
| ☐ Any residential property being demolished for commercial purposes or by government order | |

2. ACTIVITY: (Check all that apply)

Demolition: ☐ Total ☐ Partial (Wrecking/dismantling any load-supporting structural member)
Renovations: ☐ Built-up roofing removal (5580 sq. ft. or greater) ☐ Exterior alteration ☐ Interior alteration

III. IF ANY BOX IS MARKED UNDER FACILITY AND ACTIVITY THEN THE FOLLOWING ITEMS ARE REQUIRED:

1. An original **Notice of Demolition or Asbestos Renovation*** DEP form 62-257.900(1) must be filled out and submitted at least ten (10) working-days before start of project, for:
 - all demolitions
 - all renovations involving at least 160 sq. ft., or 260 linear ft. or 35 cubic ft. of regulated asbestos containing material
2. The **Notice of Demolition or Asbestos Renovation*** form must be accompanied by an asbestos survey report to indicate the presence or absence of asbestos containing material. The asbestos survey report must be done in accordance with Broward County Code Chapter 27, Section 180.
3. Payment of the appropriate fee per fee schedule

I have received information regarding the use of a Florida licensed asbestos professional and understand that I may be subject to the ten (10) working-day advanced notification requirement under the Federal Law regarding demolitions and renovations (**See reverse side**).

Owner/Authorized Agent (Print): _____ Title: _____

Signature: _____ Date: _____

**Notice of Demolition or Asbestos Renovation form and fee schedule are available at: www.broward.org/air*

WARNING

YOU MAY BE SUBJECT TO SUBSTANTIAL PENALTIES UNDER FEDERAL LAW FOR FAILURE TO PROVIDE WRITTEN NOTIFICATION AT LEAST TEN (10) WORKING-DAYS PRIOR TO DEMOLITION OR RENOVATION. PLEASE BE ADVISED THAT A CITY/COUNTY DEMOLITION OR RENOVATION PERMIT DOES NOT MEET THE REQUIREMENT OF THE TEN DAY NOTIFICATION.

THIS FORM DOES NOT CONSTITUTE A 10 WORKING-DAY NOTIFICATION

DEMOLITION: The Federal regulations for asbestos place a ten (10) working-day advanced notification from owners or operators (including contractors) engaged in the demolition of a facility. "Facility" is defined to include all structures, installations and multiple buildings, but excludes a single residential building having four or fewer dwelling units. Demolition includes the wrecking or dismantling of any load-supporting structural member. This includes beams and load supporting walls. The notification is required even if no asbestos containing materials are present in the facility, must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

RENOVATION: Notification is required for renovation projects of a facility if the amount of Regulated Asbestos Containing Material (RACM) being removed, stripped, or disturbed is greater than or equal to 160 square feet, 260 linear feet of pipe insulation or 35 cubic feet of facility components. The notification is required to be submitted at least ten (10) working-days prior to the renovation and must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

The original *Notice of Demolition or Asbestos Renovation* DEP Form 62-257.900(1) and an asbestos survey report and the appropriate fee must be submitted to:

Broward County Environmental Protection and Growth Management Department
Pollution Prevention, Remediation and Air Quality Division
1 N. University Drive, Suite 203
Plantation, FL 33324
954-519-1260

Federal asbestos regulations apply to both the facility owner and operator. Both owner and operator can be held liable for failure to submit a *Notice of Demolition or Asbestos Renovation* form at least ten (10) working-days prior to a demolition, or renovation involving greater than 160 square feet, 260 linear feet or 35 cubic feet of RACM.

*** USE OF A FLORIDA LICENSED ASBESTOS CONSULTANT**

Florida Statutes require that no person shall conduct an asbestos survey, develop an Operation and Maintenance Plan, prepare abatement specifications, or monitor and evaluate asbestos abatement, unless trained and licensed as an asbestos consultant with the following exceptions:

- A homeowner may act as a licensed asbestos consultant in the home (four or fewer dwelling units) in which they reside if they sign a disclosure statement at the building contractor department.
- Built-up roofing containing asbestos may be removed by state certified roofers under the direction of an onsite roofing supervisor properly trained in asbestos-containing roof removal.