

Architectural Review Committee (ARC) Request Form
Aix La Chapelle Condominium owner unit renovations request form

AIX LA CHAPELLE CONDOMINIUM ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE (ARC) – RENOVATION REQUEST FORM

Before completing this form, please review the remodeling/renovation guidelines available on the community website: www.aixlacondo.com

Owner Information

- **Owner Name:** _____
- **Unit Number:** _____
- **Date of Request:** _____ (MM/DD/YYYY)

Project Details

- **Description of Proposed Work:**

- **Does the Work Involve Structural Changes (e.g., removal of walls or beams)?**
☐ Yes ☐ No
- **If Yes, Provide Structural Engineer Information:**
 - **Name:** _____
 - **Company:** _____
 - **Phone:** _____ **Email:** _____
 - **Drawings/Calculations Provided:** ☐ Yes ☐ No

Contractor Information

1. General Contractor/Project Manager or Coordinator

- **Company Name:** _____
- **Contact Person:** _____
- **Phone:** _____ **Email:** _____

2. Plumber

- **Company Name:** _____
- **Contact Person:** _____
- **Phone:** _____ **Email:** _____

3. Electrician

- **Company Name:** _____
- **Contact Person:** _____
- **Phone:** _____ **Email:** _____

4. HVAC Contractor

- **Company Name:** _____
- **Contact Person:** _____
- **Phone:** _____ **Email:** _____

Project Schedule

- **Estimated Start Date:** _____
- **Estimated Completion Date:** _____
- **Total Duration:** _____ days/weeks
- **Working Hours:** All contractor work must be performed during regular business hours (8:00 AM – 5:00 PM, Monday–Friday only).

Owner Responsibilities & Acknowledgements

- ☐ I will notify my neighbors in advance of the renovation start date to inform them of potential noise.
- ☐ I will ensure the contractor cleans common areas (e.g., hallways, pathways, courtyards) at the end of each workday. *(Work is not to be performed in courtyard, parking lot, hallways, or any other common area)*
- ☐ I understand that construction debris must not be placed in the community dumpsters.
- ☐ I will instruct all contractors to use guest parking spaces only.
- ☐ All contractors must be licensed and insured.
- ☐ I have read and will adhere to the water shut off procedures as listed on the community website and as instructed by management team.

Owner Signature: _____ Date: _____

Manager/Board/ARC Approval Signature: _____ Date: _____