

Management Office

1338 York Mills Road

Toronto, Ontario

M3A 3M3

| Renovation Request Form – Suite: | | | | |
|----------------------------------|--|---|--|--|
| | Start Date: Completion Date (approx.): | _ | | |
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| l pl | I plan to do the following: | | | |
| | Replace fixtures (plumbing faucets, showerheads): location | | | |
| | Replace toilet(s): location | | | |
| | Replace sinks(s): location | | | |
| | Replace tub: | | | |
| | Replace washroom tile: location | | | |
| | Replace flooring: location | | | |
| | Replace washroom cupboard(s): location | | | |
| | Replace kitchen cupboard(s): | | | |
| | Install breaker box (electrical) | | | |



| | iefly describe the renovation project to be undertaken (attach specifications and/or drawings where plicable): | | |
|--|---|--|--|
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| Attach copies of the following information from your contractor if applicable: | | | |
| | Liability insurance policy WS&IB Clearance Certificate (not applicable for sole proprietors) Business license (as issued by the City of Toronto) | | |
| | Trade qualifications (for plumbing and electrical work) Confirmation (in writing) that all debris, construction material will be disposed of by the contractor at an off-site location | | |
| | Contractor is aware that work can only be done between the hours of 9:00 a.m. and 5:00 p.m. Mondays to Saturdays (No construction on Sundays or Holidays) | | |
| | FOR OFFICE USE ONLY | | |
| | Service elevator booked Riser shut-off required: Date: RISER Reviewed by Manager: Date: INITIAL comments on reverse Post-renovation inspection required: Date: Board approval required: | | |

Ones the work is done Inspection by the Property Manager must be conducted