



# PLATZNER INTERNATIONAL GROUP COOPERATIVE ADMISSION APPLICATION FOR NEW PURCHASER(S)

**Office Use Only:**

Date Received: \_\_\_\_\_

Date Forwarded to the Board: \_\_\_\_\_

Date of Board Interview: \_\_\_\_\_

Date of Approval / Denial: \_\_\_\_\_

(Circle one)

Reason if Denied:

APPLICATION TO PURCHASE SHARES OF THE  
CORPORATION

NOTICE:

Article II of Chapter 700 of the Laws of Westchester County, known as the Westchester County Fair Housing Law, prohibits discrimination in housing accommodations on the basis of a person or persons' actual or perceived race, color, religion, age, national origin, alienage or citizenship status, ethnicity, familial status, creed, gender, sexual orientation, marital status, disability, source of income, or status as a victim of domestic violence, sexual abuse, or stalking.

Section 700.21 -a of the Westchester County Fair Housing Law governs applications to purchase shares of stock in cooperative housing corporations, and applies to this application. Under this section, the cooperative housing corporation is required to comply with the following deadlines:

- 1 . Within fifteen days of the receipt of this application, the cooperative housing corporation must either acknowledge that it has received a complete application, or shall notify you of any defect in the application.
  2. If you are notified of any defect in the application, within fifteen days of the receipt of the corrected application the cooperative housing corporation must either acknowledge that is has received a complete application, or shall notify you any defect in the application.
  3. Within sixty days of receipt of a complete application, the cooperative housing corporation must approve or deny your application, and provide written notice thereof.
  4. If your application is denied, the cooperative housing corporation is required to provide notice to the Westchester County Human Rights Commission, including your contact information.
-

## **APPLICATION INSTRUCTIONS AND FEE REQUIREMENTS**

1. An **original and 6 copies** of this Application and all required attachments (including Income Tax Forms, Reference Letters and documents requested below) must be submitted. **Only fully completed** Application Packages will be submitted for review, incomplete packages will be returned to Applicant. Interview appointments will only be scheduled when the completed package is submitted. You will be notified of your interview date and time – do not call the Management Office requesting and appointment. Board Members are not to be contacted directly by Seller's, Buyer's, Broker's or Counsel under any circumstances. This will only delay the process. All applicants must be present at the interview-no exceptions.
2. A money order made payable to **Platzner International Group** in the amount of **\$700.00** must be submitted with this Application. This fee is **not refundable** under any circumstances.
3. An additional money order in the amount of \$35.00 is required for each additional credit check if there is more than one (1) Applicant. This fee should be made payable to **Platzner International Group**, and is not refundable under any circumstances.
4. Copies of the last two (2) years Federal Income Tax Returns (Form 1040) and W-2 forms must be submitted. (Originals will not be returned) (Entire signed copy required).
5. A copy of your 2 most recent bank statements (Checking, savings, and/or investment accounts)
6. **Proof of funds ONLY FOR "ALL CASH" PURCHASES**
7. A copy of your Driver's License
8. A fully executed copy of the Contract of Sale, and Riders, if any, must be submitted with this Application.
9. If you are financing this purchase, a copy of the Bank Commitment is required.
10. A Letter of Recommendation from your Landlord.
11. A Letter of Recommendation from your Employer(s). Indicate salary, position and length of employment.
12. Two (2) personal or Social Letters of Recommendation.
13. Application may not be faxed to our office.
14. Application may be delivered, mailed or shipped Federal Express to our offices at:  
309 North Avenue  
New Rochelle, NY 10801
15. If you have any questions, please feel free to call our office:  
(914) 235-7770
16. If you have any questions, please feel free to fax / email those questions to our office:  
(914) 235-1037 / [harrin@platznerinternational.com](mailto:harrin@platznerinternational.com)

### **Additional Charges and Conditions:**

1. If financing, **\$300.00 Recognition Review Fee**
2. Agent's Transfer Fee, \$750.00. Closing to be held at the office of the Transfer Agent only. Travel outside of Agent's office is at the Agent's discretion and is an additional charge. If closing is not completed within two (2) hours, there will be an additional fee of \$100 for each additional hour or part thereof.
3. Agent will collect \$.05 per share New York State Stamps fee.
4. If the Cooperative Corporation imposes a Flip Tax, Agent will collect this fee at closing. Payment for this charge is to be in the form of Money Order, Certified Check or Attorney's Trust Check.
5. If the closing is scheduled and not cancelled forty-eight (48) hours prior, a cancellation fee of \$300.00 will be charged. If the parties appear and the closing is adjourned or is not consummated, an additional fee equal to the Agent's Transfer Fee will be charged.
6. It is the Seller's responsibility to produce the original Stock and Lease at closing. If Seller is unable to **produce original documents**, a fee will be charged in the amount of \$250.00 for each lost document and Counsel, at least forty-eight (48) hours **PRIOR TO CLOSING**, must advise the Transfer Agent and supply a Lost Stock or Lease Affidavit. Lost Stock or Lease Affidavits will not be accepted on the day of closing and closing will be adjourned and adjournment fees will be charged.
7. If Purchase or Seller intends to utilize a **Power of Attorney** for any party, Transfer Agent must be notified at least **three (3) days prior to closing** and a **copy of the Power of Attorney must be submitted for prior approval**. Power of Attorney forms will not be accepted on the day of closing without the requisite prior notice and the closing will be adjourned and adjournment fees will be charged.
8. If the Seller is an Estate or Trust, Counsel must contact the Transfer Agent two (2) days prior to closing and supply additional documentation.

Cooperative Corporation: \_\_\_\_\_

July 2021

THIS APPLICATION IS FOR THE ____ PURCHASE OF THIS UNIT ____ RENTAL OF THIS UNIT	OWNER: _____ Address: _____ Apt#: _____ Telephone: _____ No. of Shares: _____ No. of Rooms: _____
---	--

**COOPERATIVE HOUSING APPLICATION**

NAME: \_\_\_\_\_ SOC.SECURITY# \_\_\_\_\_

NAME: \_\_\_\_\_ SOC.SECURITY# \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE# \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHECK ONE: RENT \_\_\_\_\_ HOMEOWNER \_\_\_\_\_ OTHER \_\_\_\_\_ EXPLAIN \_\_\_\_\_

IF RENT: LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NO OF YEARS AT PRESENT ADDRESS: \_\_\_\_\_

MONTHLY RENT/CARRYING CHARGES: \_\_\_\_\_

IF LESS THAN TWO (2) YEARS AT PRESENT ADDRESS, PLEASE PROVIDE FORMER ADDRESS:

\_\_\_\_\_

FORMER LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

APPLICANTS DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ CO-APPLICANT'S DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

PRICE OF UNIT: \$ \_\_\_\_\_ MONTHLY MAINTENANCE CHARGE: \$ \_\_\_\_\_

AMOUNT OF DOWN PAYMENT: \$ \_\_\_\_\_ ANNUAL MORTGAGE RATE: \_\_\_\_\_%

AMOUNT OF MORTGAGE: \$ \_\_\_\_\_ MONTHLY MORTGAGE PAYMENT: \$ \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ ESTIMATE CLOSING DATE: \_\_\_\_\_

TITLE TO BE HELD IN WHAT NAME(S): \_\_\_\_\_

PURCHASER'S ATTORNEY

SELLER'S ATTORNEY

\_\_\_\_\_

\_\_\_\_\_

ADDRESS

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE/FAX / EMAIL:

TELEPHONE/FAX / EMAIL:

PURCHASER'S AGENT

SELLER'S AGENT

\_\_\_\_\_

\_\_\_\_\_

ADDRESS

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE/FAX / EMAIL:

TELEPHONE/FAX / EMAIL:

**PERSONS TO RESIDE AT APARTMENT:**

NAME	RELATIONSHIP	DATE OF BIRTH	Full Time Occupant?
			Y / N
			Y / N
			Y / N
			Y / N

\*\*\* NUMBER OF PET(S) \_\_\_\_\_ TYPE OF PET(S): \_\_\_\_\_

**NUMBER OF PERSONS TO RESIDE IN APARTMENT WHO ARE CURRENTLY EMPLOYED:**

1. NAME \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ ESTIMATED SALARY NEXT YEAR: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

2. NAME \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ ESTIMATED SALARY NEXT YEAR: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

3. NAME \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ ESTIMATED SALARY NEXT YEAR: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

4. NAME \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ ESTIMATED SALARY NEXT YEAR: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

**IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO (2) YEARS:**

1. NAME \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ ESTIMATED SALARY NEXT YEAR: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

2. NAME \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ ESTIMATED SALARY NEXT YEAR: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

THE FOLLOWING QUESTIONS APPLY TO ALL PURCHASERS. IF A "YES" ANSWER IS GIVEN TO ANY QUESTION, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS PAGE.

	APPLICANT	CO-APPLICANT
	YES OR NO	
DO YOU HAVE ANY OUTSTANDING JUDGEMENTS?		
HAVE YOU EVER DECLARED BANKRUPCY?		
DO YOU HAVE ANY "BAD" CREDIT?		
HAVE YOU HAD ANY PROPERTY FORECLOSED UPON OR GIVEN TITLE IN LIEU THEREOF?		
ARE YOU A CO-MAKER ON A NOTE OR LOAN?		
HAVE YOU EVER BEEN CONVICTED OF A CRIME?		
ARE YOU A PARTY TO A LAWSUIT?		
ARE YOU OBLIGATED TO PAY ALIMONY OR CHILD SUPPORT? IF SO, STATE AMOUNT?		
IS ANY PART OF THE DOWNPAYMENT BORROWED? IF SO, STATE AMOUNT?		
DO YOU OWN ANY OTHER "HOMES"?		

## FINANCIAL STATEMENT

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Checking Account		Mortgage	
Savings Account		Auto Loan(s)	
Stocks & Bonds		Credit Cards	
Mutual Funds		Student Loans	
Home/Homes		Other Mortgages	
Other		Other Debt	
<b>Total Assets</b>		<b>Total Liabilities</b>	

\*\*\*Please attach supporting documentation and statements of all assets.

Yearly INCOME	Purchaser #1      #2		MONTHLY Liabilities ESTIMATED EXPENSES <b>After Unit Purchase</b>	
	Salary			Estimated Monthly Maintenance
Commission Income			Monthly Mortgage Payment	
Real Estate Income			All Other Mortgages	
Social Security			Auto Payments/Loan and or Lease	
Pension			Monthly Credit Cards	
Alimony/Child Support			Alimony/Child Support	
Bonus Income			Personal Loans/ School Loans	
<b>TOTAL</b>			<b>TOTAL</b>	
Total Combined Income		A = Total Combined Income Divided by 12 =	B= Total Monthly Debt	$B/A \times 100 =$ = Debt to Income Ratio      %



## BANK ACCOUNTS

Bank Name (Savings)	Account No.
Address:	Balance in account:
Bank Name (Checking)	Account No.
Address:	Balance in account:
Bank Name (Other)	Account No.
Address:	Balance in account:

## CREDIT ACCOUNTS

Bank Name	Account No.
Address:	Balance owed: Monthly Payment:
Bank Name	Account No.
Address:	Balance owed: Monthly Payment:
Bank Name	Account No.
Address:	Balance owed: Monthly Payment:

**COOPERATIVE APPLICATION EMERGENCY FACT SHEET**

NAME: \_\_\_\_\_

APARTMENT # \_\_\_\_\_

ALTERNATE MAILING ADDRESS (IF NOT LIVING IN UNIT: \_\_\_\_\_

\_\_\_\_\_

CAR YEAR: \_\_\_\_\_ CAR MAKE: \_\_\_\_\_ CAR MODEL: \_\_\_\_\_

CAR STATE / PLATE #: \_\_\_\_\_ / \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NEAREST RELATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HAS KEYS TO MY APARTMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_

(APPLICANT SIGNATURE)

(DATE)

## APPLICANT'S ACKNOWLEDGEMENT

1. The Applicant (s) herein has received and read a copy of the Proprietary Lease Agreement, House Rules and By-Laws and will abide by the rules as set forth therein. I/We understand that any violations of the house rules are, in effect, violations under the proprietary lease on the apartment and may lead to termination of sub-let approval or legal action against the owner(s). Violations may also subject the occupants to eviction proceedings or termination of the stock and lease. Legal expenses incurred by the Corporation to cure the subject violations will be assessed to the unit owner as additional maintenance.
2. The applicant(s) herein acknowledge that the aforementioned house rules and by laws may be modified, changed or added to by the Corporation's Board of Directors from time to time and we herein agree to abide by any such modifications, changes or additions.
3. The applicant(s) herein understand that they will not move into the building or move any possessions into the subject unit until they have received written approval from the managing agent and until they have advised the superintendent, and he has approved, of a proposed move in date.
4. The applicant(s) herein acknowledge that it is a requirement of the Cooperative Corporation that I/We submit a written request to make any alterations or improvements to the unit. No alterations or improvements can be made until the written request, in a format acceptable to the managing agent, is submitted, and approved, in writing by the managing agent.
5. The applicant(s) herein acknowledges that the apartment unit may not be sub-let without prior written consent of the managing agent.
6. The applicant(s) herein understands that the managing agent and/or the corporation may impose certain charges on either the seller/lessor or purchaser/tenant. These charges may include, but are not limited to, flip tax, sublet fee, transfer fee, recognition review fee or lost document replacement fee. The parties to this transaction will be responsible for the payment of any such fees imposed. The transfer agent may request that a certified check or bank money order be provided for payment of these fees.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**COOPERATIVE ADMISSION APPLICATION**

I/We have provided the information contained in this Application in order to induce the Board of Directors to favorably consider my/our Application to purchase/sublet the subject apartment. I/We represent that all information provided is true and accurate and I/we further represent that I/we accept responsibility for any misrepresentations herein which may be, or cause to be a default of my/our Proprietary Lease and the Corporations By-laws.

The applicant(s) herein understand the information, which has been provided herein, will be verified and the Corporation is herein given express permission to contact and inquire of any of the firms or individuals, credit references or employers, Landlord’s or mortgage banks. Applicant(s) also understand that a credit report will be obtained to verify credit information and Applicant expressly authorizes such an investigation. This authorization shall satisfy all of the requirements of Section 606 of the Fair Credit Reporting Act.

In applying for Consent to this proposed sale/sublet, the applicant(s) understand that such consent is required by the terms of the Proprietary Lease. The applicant(s) also understand that the information provided is essential to this Application and the Board of Directors is relying on the accuracy of the information provided to make their decision. Any misstatements or false statements will be deemed grounds for denial of the Application.

Applicant(s) are aware that the subject Cooperative Unit is sold “as is” and the Corporation is not obligated to make any repairs, alterations or decorations. Applicant(s) acknowledge the purchaser or renter of a cooperative apartment takes subject to the provisions of the Proprietary Lease and Bylaws and assumes all of the Seller’s obligations there under is obligated to sign such documents to accomplish such purpose as the Corporation’s Transfer Agent may require.

The Board of Directors reserves the right to request any additional information that it considers pertinent and this Application will not be deemed submitted until all requested information has been provided.

Applicant(s) represent that I/we are over eighteen (18) years of age and will purchase/rent these shares for my/our own account and not for any other Individual, Corporation, Partnership, Trust, or any other entity.

Applicant(s) understand that this Application is not binding on the Corporation, or its Agent(s), and that the fee paid for this Application is not refundable if the Application is denied or withdrawn for any reason.

Applicant(s) understand and agree that any information obtained by the Corporation or its Agent(s), either submitted by the Applicant or obtained directly by the Corporation, whether original or copy, shall be the property of the Corporation and will not be returned whether the Application is approved or denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## MOVING & DELIVERY POLICY

1. Moving/delivery times are as follows:
  - Monday through Friday, 9:00 A.M. to 4:30 PM
  - Saturday: Varies by building. Check with Management.
  - **Sunday: Absolutely no moving or deliveries are allowed**, with the exception of food deliveries.
2. Moves, in or out, will require a \$500.00, fully refundable, security deposit in the form of a check or money order made payable to the Association. Management must have this payment and the Moving/Delivery Form in their possession prior to any move.
3. All move-in's/out's require a walk-through of the building with Superintendent to avoid any discrepancies or claims.
4. Request forms must be completely filled out and submitted to the Superintendent **one (1) week prior to your move and three (3) days prior to delivery of items.**
5. Moving times must be scheduled and approved by the **Superintendent only**.
6. **No move-in's/out's, or deliveries will be permitted without the approved request form and proper notification.**
7. Any **unauthorized moves or deliveries** will be assessed an initial **fine of \$150.00 and \$300.00 for all subsequent violations**, which will be subject to late fees and penalties. All expenses incurred will be applied to the unit owner.
8. If an owner/resident **exceeds the moving hours**, they will be assessed a **fee of \$150.00**. Owners are responsible for the actions of their tenants.
9. Only one (1) move per day will be permitted. No exceptions!
10. All deliveries and pick-ups are handled like a move; all of the above rules and regulations apply.

Please note that you are responsible for your movers. Any damage caused by your moving company will be your responsibility. It is up to you to settle the damage disputes directly with your mover, not the Association.

## MOVING & DELIVERY REQUEST FORM

BUILDING ADDRESS: \_\_\_\_\_

UNIT # \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

OCCUPANT'S NAME (If different): \_\_\_\_\_

\_\_\_\_\_ MOVE IN      \_\_\_\_\_ MOVE OUT      \_\_\_\_\_ DELIVERY

\_\_\_\_\_ OTHER (Explain) \_\_\_\_\_

1<sup>st</sup> DATE REQUESTED: \_\_\_\_\_

2<sup>ND</sup> DATE REQUESTED: \_\_\_\_\_

I have read the attached Moving & Delivery Policy and understand the guidelines, which have been set forth by the Association. I further understand that I am liable for any damages or violations that may occur during my move/delivery and any damages will be deducted from my \$500.00 security deposit. If no accidents or violations occur, I will receive my full deposit.

\_\_\_\_\_      \_\_\_\_\_ OWNER \_\_\_\_\_ OCCUPANT

(Signature of Requestor)

\_\_\_\_\_

(Print Name Signed Above)

(Date of Request)

### FOR OFFICE USE ONLY

DATE APPROVED: \_\_\_\_\_

MANAGING AGENT SIGNATURE: \_\_\_\_\_

TIME STARTED: \_\_\_\_\_ TIME COMPLETED: \_\_\_\_\_

\_\_\_\_\_ COMPLETED WITHOUT INCIDENT

\_\_\_\_\_ COMPLICATIONS DETAILED ON REVERSE SIDE OF THIS FORM

## ACCESS AGREEMENT

APARTMENT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

The undersigned Applicant represents that I/We are aware that the Proprietary Lease Agreement allows for the Cooperation (the Lessor) to have all the apartment entrance door keys to my/our apartment at all times.

While the Corporation is not responsible for the loss or misuse of these keys, the Corporation has provided a secure area for the retention of these keys and they are to be utilized in the case of an emergency only and only after all attempts to contact the residents have been exhausted.

By my/our acknowledgement of this form, I/We herein agree that I/We will supply a complete set of keys to my/our apartment to the Superintendent immediately. If any lock is altered or changed any time thereafter, I/We will notify the Superintendent and immediately provide a new key thereto.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## RENOVATIONS – REMODELING – CONSTRUCTION

### POLICY & RULES

#### NON-SUBSTANTIAL JOBS

This category includes cosmetic work such as painting, plastering, floor sanding and the installation of carpet and floor tile. Non-substantial jobs are generally those that could not predictably affect the heating, plumbing, and electrical or structural systems of the building.

Any Owner who plans to have a non-substantial job performed in their unit must notify (in writing) the Managing Agent and notify (verbally) the Superintendent of the scope of work to be performed and the dates on which the work will be performed. No work can be commenced without the **written approval of the Managing Agent prior to commencement**. This includes any of the aforementioned work even if the Shareholder intends to physically perform this work themselves.

Any Owner who has a non-substantial job performed in their apartment must comply with the following rules:

1. Workers can only be in the building between the hours **8:00 am to 5:00 pm Monday through Friday**. Work shall not be performed on **Saturdays, Sundays or Holidays** (except for quiet work which is self-contained within the unit). No work that can create noise or otherwise disturb neighbors shall be performed before 9:30 am.
2. Workers must check in and out with the Superintendent on a daily basis. All workers must enter and exit through the basement, garage or service entrance where possible and may not use the front lobby door.
3. Workers must clean up on a daily basis all dust and debris the job creates anywhere in the building (outside of apartment) i.e. elevators, halls, basement, and must remove all debris from the building on daily basis. Debris may not be deposited with the trash or in building disposal areas or left for municipal pick-up.
4. Workers may not store their tools, equipment or supplies in the basement, or any other common areas.
5. Workers must protect the elevator or halls and stairs from scratching or other marring using either pads or construction paper. Hallway floors must be similarly protected.



## **SUBSTANTIAL JOBS**

This category includes any work that involves the removal and/or installation of electrical wiring or equipment, plumbing equipment (inclusive of toilets, sinks, vanity cabinets, kitchen equipment or the demolition or alteration of interior unit walls (even if nonstructural). Any partial or complete kitchen or bathroom renovations are considered substantial.

If an Owner is uncertain whether a particular job is substantial or non-substantial, it is the Owner's responsibility to request a written opinion from the Managing Agent.

If a job is a substantial, Rules 1 through 5 set forth herein, must be complied with and, in addition, the Shareholder must comply with the following Rules:

6. The Managing Agent **must approve the Contractor** you wish to retain to perform the work. (There have been instances where Contractors have caused damage to the building systems and have failed to adhere to procedures intended to protect the building and its residents).
7. The Owner must submit the following documents to the Managing Agent. **After** the Managing Agent has reviewed the documents, you will be advised, **in writing**, of approval, denial or a request for additional documentation: **(The Managing Agents written approval must be obtained prior to the commencement of any alteration or improvement)**
  - a) A detailed, written statement describing the scope of work.
  - b) A set of legible plans for the job, signed by a licenses Architect or Engineer.
  - c) A copy of the Rules signed by the Shareholder and Contractor,
  - d) Complete copies of all Contracts made with the Contractors and Suppliers. Any and all Contractors must be licensed and a copy of that license must also be submitted. General Contractors may not perform plumbing or electrical work without them having required licenses and must submit same.
  - e) A Certificate of Insurance evidencing Personal Liability, Property Damage, Employee's Liability and Worker's Compensation coverage in an amount not less than \$1,000,000.00. Certificates will name the Corporation, the Managing Agent and the Shareholder as co-insureds. Each Certificate shall state that the coverage may not be terminated without ten (10) days prior written notice of their termination to the Managing Agent. A Certificate is required for each Contractor and Sub-Contractor.
  - f) A written statement indicating whether any **other apartments will be affected** by the job (i.e. water, heating or electrical shut off) and, if so, which

apartments, in what way and for how long will be affected. Any aforementioned shut off requires at least a twenty four (24) hour prior notice to any and all affected residents and Managing Agent.

- g) If, by Law, Statute or Code, the proposed work requires the prior approval of government agencies and the issuance of a Permit, you must submit copies of all **Permits and Applications** for those Permits.
- h) If, in the sole discretion of the Managing Agent, an Engineer must be engaged to review any submission, the cost thereof shall be charged back to the unit owner.
- i) A **refundable** (if there has been no damage or violation of these Rules) **renovation deposit** in an amount up to \$1,000.00 may be requested and must be rendered prior to written approval being granted.

Any violations of the Rules herein set forth will subject the owner to a fine of up to \$1,000.00 (amount to be set by the Managing Agent depending on the severity of the violation and at the Managing Agents sole discretion)

If an Owner, or their Contractors, violates any of the Rules herein set forth, or if the Managing Agent, in his sole discretion, determines that a job is being performed in an unsafe manner, or if the Scope of Work has been or will be exceeded, the Corporation reserves the right to withdraw any written approval and to stop all work at any time, and shall incur no liability if they do so.

I/We have reviewed and understand the Rules herein contained and agree to abide by all of the provisions contained therein.

---

(Signature)

---

(Date)

---

(Address)

---

(Unit)

