 **CANYON ESTATES CONDOMINIUMS**

#  RENOVATION REQUEST FORM

*All areas must be filled out and provide explanation where needed.*

*Plans and Drawings must accompany this request. (Required)*

**Unit**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Projected Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Persons Submitting Request: **Finish Date:**\_\_\_\_\_\_\_\_\_\_\_\_

Name of Licensed Contractor(s) Performing work:

Contractor License Numbers (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractors Liability Insurance Company & Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is contractor bonded: Yes \_\_\_\_\_ No\_\_\_\_\_\_\_

Have Tukwila City Permits Been Applied For?: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Renovation Locations** :

*Check all areas of construction or renovation*

|  |  |  |
| --- | --- | --- |
| Kitchen: \_\_\_\_\_ | Bathroom: \_\_\_\_\_ | Bedroom 2 \_\_\_\_ |
| Living Room: \_\_\_\_\_ |  Master Bedroom\_\_\_\_\_ Hallway/Closets\_\_\_\_\_\_  |   |

Floor plan changes (adding/subtracting rooms is not allowed).

Will fixtures be moved from their current location? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If so explain:

 **Flooring** :

*If multiple flooring types are installed, provide a separate filled out sheet for each flooring type, with the description of each flooring installation.*

|  |  |
| --- | --- |
| Carpeting to be installed: \_\_\_\_\_ | Hardwood to be installed: \_\_\_\_\_ |
| Ceramic Tile to be installed: \_\_\_\_\_ | Stone Tile to be installed: \_\_\_\_\_ |
| Laminate to be installed: \_\_\_\_\_ | Vinyl Tile / LVT to be installed: \_\_\_\_\_ |
| Sheet Vinyl to be installed: \_\_\_\_\_ | Bare Concrete: \_\_\_\_\_ |

Sound Absorbing Underlayment is needed for all flooring installation.

New Flooring to be installed in:

Kitchen: \_\_\_\_\_ Living Room: \_\_\_\_\_ Dining Room: \_\_\_\_\_

Master Bedroom: \_\_\_\_\_ Bathroom: \_\_\_\_\_ Hallway: \_\_\_\_\_

2nd Bedroom: \_\_\_\_\_

Type of existing flooring that will be removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Bathrooms** :

Will the bathroom be renovated? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Detail the work to be done:

Will fixtures will be replaced? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, which fixtures will be replaced?:

Toilet: \_\_\_\_\_ Bathtub: \_\_\_\_\_ Shower Surround: \_\_\_\_\_ Vanity Sink: \_\_\_\_\_

Shower Valves: \_\_\_\_\_ Shower Drainage: \_\_\_\_\_ Shower Plumbing: \_\_\_\_\_

Shower Diverter: \_\_\_\_\_ Toilet Valves: \_\_\_\_\_ Sink Valves: \_\_\_\_\_

Sink Drainage: \_\_\_\_\_ Sink Faucet: \_\_\_\_\_ Water Heater \_\_\_\_\_\_ (Hall Closet)

Will shower surround be renovated or converted? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, explain and provide specs of waterproof membrane and new wall surround (Required):

**Miscellaneous/Other:**

**Kitchen:**

Will Kitchen be renovated: YES: \_\_\_\_\_ NO: \_\_\_\_\_ If So Describe the Renovation?:

Which fixtures will be replaced:

Cabinets: \_\_\_\_\_ Refrigerator: \_\_\_\_\_ Stove: \_\_\_\_\_ Vent Hood: \_\_\_\_\_

Dishwasher: \_\_\_\_\_ Sink: \_\_\_\_\_ Garbage Disposal: \_\_\_\_\_

Kitchen Sink: \_\_\_\_\_ Sink Shutoff Valves: \_\_\_\_\_ Sink Faucet: \_\_\_\_\_

Will cabinets or fixtures be anchored into the ceiling? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, state how many anchors will be drilled into the ceiling, and provide the specs of the size and diameter of concrete anchors.

**Electrical:**

Will any electrical work be done? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Will any receptacles or light fixtures be moved? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Will main panel or any breakers be replaced or added?: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so for any of the above, detail the work to be done and provide new sketch layout to show new placement of receptacles and/or fixtures. Permits may be required.

**Windows:**

All window work requires Board Approval prior to installation and must match existing material and specs of existing windows. Permits may be required. Will you be replacing window frames? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If so, detail the work to be done.

**Air Conditioning:**

Any installation of air conditioning units requires Board Approval.

Do you plan to install a unit ? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If Yes, Detail the work to be done and provide spec sheets on equipment.

**Acknowledgment:**

The following contractors have all signed the Contractor Agreement Form and will report any changes to the documented work on this form to the Facilities Manager and Board of Directors. This signature acknowledges that the information provided on this renovation request from is true and accurate to the renovation requested for my apartment unit. I understand that the deck or patio area of my unit is considered a limited common element area and that I do not have a right to modify or upgrade the physical structure of it.

Main Contractors Name & Phone Number:

Sub-Contractor Name(s) & Phone Number (List All):

Plumbing Contractor Name(s) & Phone Number:

Electrician Name & Phone Number:

Homeowner's Name(s) & Phone Number(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner's Signature: Date