

RENOVATION REQUEST

All renovations are subject to the Co-operative's approval both before the work commences and after completion. Refer to the Renovations Policy in Section 4 before completing this form.

Name: _____ Unit #: _____ Tel #: _____

Permanent renovation? **Yes** **No**

Proposed renovation (Describe, attach plans, give details of materials to be used, permits obtained, etc. Use separate sheets as necessary):

I have read and understood the Renovations Policy.

Signed: _____ Date: _____

Office use:

Date received: _____

Referred to: _____ Committee for recommendation (date): _____

Recommendation received: _____

Renovation: **Approved** **Not approved**

Signed: _____ Date: _____
(For the Board of Directors)

Member notified in writing (date): _____ By: _____