

Campbell Courte Condominium Association

Renovation, Alteration, and EV Charging Station Application Form

Date of request: _____

Unit owner's name: _____ Phone no.: _____

Requester's name: _____ Phone no.: _____

Type of application:

- Major renovation
- Limited alteration
- EV charging station (there will be a \$500 infrastructure fee charged to your account, in addition to the costs associated with the installation)

Unit number: _____ Parking space number (required for EV charging station only): _____

Anticipated Start Date: _____ Anticipated End Date: _____

Please describe in detail the work to be performed. Attach drawings or sketches of any planned structural changes and other physical modifications, as well as additional pages of description, if required:

Attachments:

- Drawings and/or sketches of any planned structural changes and other physical modifications
- Contractor information sheet for each contractor and subcontractor
- Copies of all required insurance certificates for each contractor and subcontractor naming both "Campbell Courte Condominium Association and Campbell Courte Board of Directors" and "Mperial Asset Management, LLC" as additional insureds
- Village of Arlington Heights Building Permits, as required

Terms and conditions:

Work cannot begin until Campbell Courte Condominium approves this Renovation Request.
The work must be done in exceptional workmanship quality.

I agree to the above listed Terms and Conditions and confirm that I have read and agree to all items in the "Campbell Court Condominium Association Unit Renovation Rules and Guidelines".

Unit Owner Signature

Date

Requester Signature (if not unit owner)

Date

Contractor Information

Contractor information must be provided for every contractor or subcontractor that will be working on the renovation. Please complete information for each contractor (copy this page for more than 2) Attach copies of all required certificates.

Type of contractor: Primary/ General Contractor Contractor Subcontractor

Type of work being done: _____

Company Name: _____

Company Contact: _____

Phone number: _____

Illinois License number: _____

Insurance Carrier: _____

- Attach copy of each certificate naming both “**Campbell Courte Condominium Association and Campbell Courte Board of Directors, 200 W Campbell Street, Arlington Heights, IL 60005**” and “**Mperial Asset Management, LLC c/o Campbell Courte Condo Association, 110 N Brockway St., Ste 320, Palatine, IL 60067**” as additional insureds.
- General Liability Insurance must have a minimum of one million dollars.
- Worker’s compensation Insurance for any employees of company
- Contractor License Bond

Type of contractor: Primary/ General Contractor Contractor Subcontractor

Type of work being done: _____

Company Name: _____

Company Contact: _____

Phone number: _____

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