



## ALTERATION REQUEST FORM

**Return the completed form to:**

ESSEX CONDOMINIUM CORPORATION NO. \_\_\_\_\_

**c/o Huron Shores Property Management**

1010 University Ave W, Suite 106 Windsor, ON N9A 5S4

519-916-1113

[huronshores@hspm.ca](mailto:huronshores@hspm.ca)

**Name:** \_\_\_\_\_

Owner       Tenant

**Address:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Alteration Request:**

Adding items to the exterior of the home (a/c units, satellite, etc.)

Installing a ductless system; MUST have casing cover installed over top exterior exposed wiring.

Other: \_\_\_\_\_

**Specifics of Request:** *(including start date and the estimated time of completion)*

**Detailed Description:** For each request, please provide a detailed description, including a plan or drawing of what you are requesting approval to do. Please be as specific as possible. If you are applying to add an A/C unit, for instance, to your windows, you must be very specific with the outlet measurements (clearance above windows, including model and make, etc.).

**PROPOSED WORK INFORMATION AND INSURANCE PARTICULARS:**

Name of Proposed Contractor: \_\_\_\_\_

Proof of Insurance (attached):

Current WSIB Clearance Certificate of Compliance Required:

**Additional Information:**

If you agree to this alteration, I understand that I will be responsible for the following:

- Ensuring that all work is carried out to a high standard.
- Obtaining any necessary permits.
- Restoring the property to its original state if required by you at the end of my tenancy.
- **NOTE:** All work proposed must be completed professionally and in accordance with approved plan specifications pursuant to *CONDOMINIUM ACT*, Declaration, Bylaws, and Rules.
- Maintenance and repair of alterations are the full responsibility of the unit owner. They may be subject to registration of an Indemnity Agreement, the cost of which the owner is responsible. Request for additional insurance may be required, and Corporation may need to be added as “additional insured” under the homeowner’s insurance policy.
- All work is subject to final written approval by the Board of Directors.

Owner Signature: \_\_\_\_\_

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

Alteration Decisioning:  Approved  Not Approved

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

Approval comments:

\_\_\_\_\_

Not Approved Comments:

\_\_\_\_\_

REQUEST FOR ADDITIONAL INFORMATION:

\_\_\_\_\_

WITNESS

\_\_\_\_\_

BOARD PRESIDENT'S SIGNATURE

DATE SUBMITTED: \_\_\_\_\_

DATE REVIEWED BY BOARD: \_\_\_\_\_

Please email documents to [huronshores@hspm.ca](mailto:huronshores@hspm.ca). If you have any questions, please let us know.