

Mont Clair Home Units Pty Limited
347 Liverpool Street Darlinghurst NSW 2010
ABN 54 000 286 715

Renovations Approval Form

Please lodge this 4 page form and other relevant documents with the Secretary of Mont Clair Home Units Pty Ltd

Shareholders Name: _____ Unit No. _____

Daytime Telephone No: Home _____ Mobile _____

PLEASE STATE NATURE OF DESIRED WORKS _____

Affected Areas

Kitchen Living Room Bathroom Bedroom Other

Affected Surfaces / Structures

Floors Walls Ceilings Windows Tiles (Kitchen / Bathroom)

(Please give details) _____

Specific Installations

Cupboards Rangehood Electrical Oven Washing Machine

Dryer Dishwasher Wash Basin Toilet Vanity Unit

Comments _____

1) Do you wish to remove any walls in part or whole? (Please specify).

2) Are structural beams affected?

- YES NO

3) Will the works require City of Sydney Council's approval?

- YES NO

Note: Because Mont Clair is on the Council's Heritage List any removal of walls or changing of layout requires Council approval.

4) Are you aware that dust from demolition work within the apartment can set off the fire alarm, resulting in a fine from the NSW Fire Department to be paid by you?

- YES NO

5) Are you relocating the existing fittings (sink, stove, hand basin, bath, shower, toilet, washing machine) in the kitchen or bathroom?

- YES NO

Please Specify

6) Will the works alter/ reconfigure / amend the following?

- Electrical
- Plumbing (Water) drainage or sewerage outlets
- Existing Conditions within the Unit

(Please Specify)

Please specify equipment to be used

(Only small Jackhammers are permitted inside the building)

What is the current condition of proposed space to be altered?

- Original condition Previously renovated

What is the expected period for work to be completed? Please indicate commencement and completion dates.

Are you aware that the hours of permissible work within MONT CLAIR are between the hours of 7.30am and 5pm Mondays to Fridays, 7.30 am to 1.30 pm Saturday and no work is to be carried out on Sundays or Public Holidays with the exception of quiet work such as painting?

- YES NO

Have you advised all your tradesmen the permissible working hours?

- YES NO

Are you fully aware of the House Rules of MONT CLAIR and how they will impact the way work is carried out during your renovations / alterations?

- YES
 NO, please provide me with a copy of the House Rules.

Are you aware of your liability/ responsibility for damage done to any other unit or

common property?

- YES NO

Are you aware that plumbing/ water disconnection (non-emergency) is only permitted Mondays to Fridays between the hours of 9am to 12pm with at least 48 hours notice to all shareholders?

- YES NO

Are you aware that the City of Sydney Council requires the installation of water run off trays upon the installation of dishwashers / washing machines in the kitchen?

- YES NO Not applicable

Are you aware that all trades people must be licensed and properly insured in accordance with the Occupational Health and Safety Act?

- YES NO

Are you aware that if your application is successful you are required to complete and sign an Indemnity Form prior to the commencement of work and deposit a bond of \$500.00 prior to commencement of work?

- Yes

Plans drawn up by Architect/ Designer/ Engineer/ Plumber/ Electrician if applicable are:

- Attached Not attached

Please provide us with any further comments or questions you may have:

This application has to be referred to the Company Architect or Building Maintenance Sub-Committee for elevation an administration fee of \$200 will be charged to the shareholder's account. The cost of the Company Architect and Engineer will be borne by the shareholder

Signed by shareholder/s _____

Name _____

Name _____

MONT CLAIR HOME UNITS PTY LIMITED
ABN 54 000 286 715
347 LIVERPOOL STREET, DARLINGHURST

FORM OF INDEMNITY

I, _____

of unit ***347 LIVERPOOL STREET, DARLINGHURST*** do indemnify the Company,
MONT CLAIR HOME UNITS PTY LIMITED, from any damage, and from any associated
costs resulting from the renovations to be carried out in my unit No _____ and subject to the
approval

dated _____

The builder engaged to do the work is _____,

Address _____,

Licence No _____.

Signed: _____

Shareholder

Date _____

**WORKING CONDITIONS FOR ALTERATIONS TO COMPANY PROPERTY
CARRIED OUT BY SHAREHOLDERS.**

SHAREHOLDER _____ UNIT NO ____

BUILDER _____ LICENCE NO ____

INSURANCE CO. _____ POLICY NO _

ENGINEER'S REPORT _____ DATE _____

DATE OF BOARD CONSENT _____

In carrying out this work we agree to abide by the following conditions:-

1. No alterations are to be made to the approved plans without the written agreement of the Board.
2. Work will only be carried out within the approved hours: Mon-Fri 7.30am to 5.00 pm;
3. The common area will be left in a clean state at the end of each days work.
4. The attached indemnity form regarding damage to the company property is to be signed and lodged with the Company.
5. All approved work will be completed within 6 months of commencement. If not completed within 6 months a further application must be made to the Board of Directors for an extension of the approval.
6. Notices will be placed on the Board informing residents at least 48 hours prior to commencement of any work causing noise or disturbance.
7. The builder will be responsible for the removal of all rubbish, including paint tins, off the site and no materials or equipment will be stored on any common areas or hinder any passage ways. No building material, paint, plaster, etc is to be placed in the drains.
8. Upon adequate notice the work will be available for inspection by the Board of Directors during and on completion of the works.
9. All work will be carried out in accordance with all relevant Australian Standards and the Building Code of Australia.
10. The Board must be notified when the work is completed in order to arrange an inspection and to sign off the work.
11. A Bond of \$500.00 or 5% of the value of the works (whichever is the greater) will be lodged with the Company upon receipt of consent to carry out the work.

Signed: _____
Shareholder

Builder

Date: _____