

YORK REGION CONDOMINIUM CORPORATION NO. 616
33 Weldrick Road East, Richmond Hill, ON L4C 8W4

IN-SUITE MAINTENANCE REQUEST FORM

Use this form **ONLY for Repairs that are the Corporation's Responsibility.**
If unsure of responsibility please check with the Superintendent or the
Management Office.

Name: _____ Suite: _____

CONSENT OF RESIDENT TO ENTER SUITE

I wish to have the maintenance item(s) listed below attended to and hereby authorize YRCC 616 to enter my suite. Should it be necessary to use a service agency other than YRCC 616, or should more than one visit be required to complete this work, I hereby also signify my consent.

Should it be necessary to use a service agency other than YRCC 616, an agent of the Corporation (Superintendent, Management or contracted Security Guard) will accompany the service agency representative(s) if I, or my representative, is/are not available.

Signature: _____ Date: _____

Home Phone: _____ Business/Cell Phone: _____

DESCRIPTION OF WORK REQUESTED

FOR OFFICE USE ONLY

Comments: _____

Completed By: _____ Date: _____

REQUEST FOR RENOVATION/UPGRADE APPROVAL

Name: _____ Suite: _____ Phone No. _____

Description of Planned Renovation/Upgrade Project: _____

Is Hardwood Flooring Being Installed? _____ If yes, "Hardwood Flooring Agreement" attached

Detailed description attached:

Contractor information attached:

Contractor's Name: _____ Contractor Phone No. _____

Contractor Address: _____

START Date: _____ COMPLETION Date: _____

ELEVATOR RESERVATION AGREEMENT Completed DAMAGE DEPOSIT RECEIVED

STATEMENT BY RESIDENT

"I/We hereby indemnify the Corporation with respect to any expenses, damages, or costs whatsoever incurred by the Corporation as a result of the work performed by my/our contractor, trade or service personnel, including an damage to the common elements or to the building services arising during or following completion of my/our renovation work. Any such expenses, cost to repair damages and other costs may be collected by the Corporation from the suite Owner in the same manner as common expense assessments."

"I/we have read and understood the summary regarding Renovations from the YRCC 616 Rules & Regulations and confirm that we have given the "INFORMATION FOR SUPPLIERS & CONTRACTORS" document to our contractor(s) and/or supplier(s)."

"I/We understand that renovations/upgrades are not part of the Standard Unit and MUST be insured separately through my/our Homeowner's policy."

RESIDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE

YRCC 616 APPROVAL: Name: _____ Title: _____ Date: _____

Damage Deposit (\$500) Received: Cash Cheque Credit Card Returned

Renovation/Upgrade Inspection Dates:

Start: _____ Mid-Project: _____ Completion _____

Inspected by: _____

COMMENTS: _____

REQUEST FOR RENOVATION/UPGRADE APPROVAL

SUMMARY OF YRCC 616 RULES & REGULATIONS CONCERNING EN-SUITE RENOVATIONS, UPGRADES, CHANGES & ALTERATIONS

1. A "REQUEST FOR RENOVATION/UPGRADE APPROVAL" form MUST be completed, and approval received, before commencing any renovation work.
2. A **damage deposit** in the amount of \$500.00 (cash, cheque or money order) MUST be deposited with the Management Office before commencing any renovation work. This is refundable, in whole or in part at the Board's discretion, after completion of the work. The Board reserves the right to recover a larger amount in the event of excessive damage to the common elements.
3. The Owner is responsible for ensuring that their Supplier/Contractor is fully aware of, and complies with, these Rules & Regulations. A copy of "**INFORMATION FOR SUPPLIERS & CONTRACTORS**", available from the Management Office, MUST be given to all Supplier(s) and/or Contractor(s).
4. Renovations & Upgrades are NOT part of the Standard Unit. **Insurance for improvements is the Owner's responsibility.**
5. The **structural integrity** of the building MUST not be disturbed. Breaking, cutting or puncturing of the concrete slabs is strictly prohibited.
6. "**Noisy work**", i.e. hammering, drilling, or any other activities which create noise and/or possible disturbance to other residents may only be completed between the hours of 9:00AM and 5:00PM, Monday - Saturday.
7. Contractor materials and equipment MUST only be "brought in or taken out" via the Moving Room and Service Elevator. Use of the service elevator requires completion and approval of an "**ELEVATOR RESERVATION AGREEMENT**".
8. Contractors are not permitted to work or deposit materials or equipment anywhere on the common elements. **All renovation and/or repair work MUST be completed totally within the Resident's Suite.** At no time may any work be completed, or items be unpacked, uncrated or stored, even temporarily, in hallways or stairwells as this is a violation of the Town Fire Code.
9. All packing and waste materials from renovations MUST NOT be stored, even temporarily, in any part of the building, except the resident's suite, at any time. This includes removed floor coverings, empty and partially empty paint cans, and any other construction/renovation debris.
10. Surplus/waste material MUST be removed from the site by the contractor and MUST NOT be left in Corporation's Disposal Room or put into the Corporation's garbage bins.
11. **The installation of flooring must include the installation of a sound insulation product with an FIIC rating of 65 or better. The manufacturer's specification sheet and a sample of the product MUST be provided to the Management Office when the "REQUEST FOR RENOVATION / UPGRADE" and "HARDWOOD FLOORING AGREEMENT" forms are submitted. Approval to install flooring will not be granted without this information.**

FLOORING AGREEMENT

Name: _____ Suite: _____ Phone No. _____

STATEMENT BY OWNER

I/We, _____ of Suite _____ hereby acknowledge,
understand and agree to the following conditions:

1. Prior to the installation of flooring, other than carpeting, a sound absorbent material will be installed as an underlay to avoid noise disturbances to the neighbours; a sample of which, including the manufacturer's specification sheet, is attached for approval. The underlay MUST carry a rating of FIIC60 or higher.
2. It is understood that the installation of said flooring is a betterment or improvement, not included in the Standard Unit, and that I/We will insure the flooring under my/our homeowner policy as a betterment or improvement.
3. The Board of Directors reserves the right to enforce the rules pertaining to noise as a result of the flooring if it becomes a nuisance to neighbouring residents. I/We acknowledge that rectification to avoid further disturbance including the installation of underlay and/or area rugs, at my/our expense, may be required.

signed at _____ this _____ day of _____, 20__

Owner Name: _____ Signature: _____

OFFICE USE ONLY

Underlay Sample Received: YES NO

Manufacturer's Specification Sheet Received: YES NO

Comments: _____

CC 616 Name: _____ Signature: _____

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LETTER OF AUTHORIZATION

PERMISSION TO UNLOCK SUITE DOOR FOR MEDICAL EMERGENCY RESPONDERS

I/we, the undersigned as resident(s) of Suite No. _____, 33 Weldrick Road East, Richmond Hill, Ontario, York Region Condominium Corporation No. 616, do hereby give permission to the "Corporation", including any Board Director, Management Office Staff, Superintendent and/or Relief Superintendent, to obtain the key and unlock the door to my suite for Medical Emergency Responders. This includes EMS and/or the Fire Department.

My/our signature(s) on this form absolves the "Corporation" from any issues resulting from the unlocking of my/our suite door for this purpose.

If you wish to grant this permission this form must be signed, dated and delivered to the Management Office.

If you do NOT wish to grant this permission do NOT sign and return this form.

DATED AT _____, THIS _____ DAY OF _____, 20 _____

RESIDENT'S NAME (PRINT)

RESIDENT 'S SIGNATURE

RESIDENT'S NAME (PRINT)

RESIDENT 'S SIGNATURE

INFORMATION FOR SUPPLIERS & CONTRACTORS

IT IS THE OWNER or RESIDENT'S RESPONSIBILITY TO ENSURE THAT THEIR SUPPLIERS AND CONTRACTORS UNDERSTAND AND COMPLY WITH THE CORPORATION'S RULES & REGULATIONS.

DELIVERIES may only be made between the hours of 8:00AM to 8:00PM – Monday to Thursday and 8:00AM to 4:00PM Friday and Saturday. Deliveries are NOT permitted on Sundays or Statutory Holidays. Wheeled or bulky articles (Appliances, Furniture, Cabinets, Tools, etc.) MUST be delivered via the MOVING ROOM & SERVICE ELEVATOR which MUST be pre-booked on a "SERVICE ELEVATOR RESERVATION AGREEMENT". Bulky items and/or materials MUST NOT be brought through the Lobby or P1 Parking area doors.

SERVICE ELEVATOR – the interior height is 2.57m.(8'5"). Items exceeding this length must be manually carried up a stairwell, accessed from an exterior door, not through the lobby.

NOISE – renovation work, repairs, hammering, drilling or any other activities which create noise and/or possible disturbance to other Residents, is ONLY permitted between the hours of 9:00AM to 5:00PM, Monday to Saturday.

WORK LOCATION – all renovation and/or repair work MUST be completed totally within the Resident's Suite. At no time may any work be completed, or items be unpacked/uncrated/stored, even temporarily, in hallways or stairwells as this is a violation of the Town Fire Code.

CONTRACTOR PARKING is available in the Visitor Parking area at the front of the Building. If space is not available, oversize vehicles MUST be parked off-site. Unattended vehicles may not be left in the driveway, or at the delivery dock, at any time.

WASTE MATERIALS from renovations may NOT be stored, even temporarily, in any part of the building, except the resident's suite, at any time. This includes removed floor coverings, empty and partially empty paint cans, and any other construction/renovation debris. Surplus/waste material MUST be removed from the site by the contractor and MUST NOT be left in Corporation's Disposal Room or put into the Corporation's garbage bins.

OLD APPLIANCES/FURNITURE, including packing material, crates, skids, etc. must be removed from the site using the service elevator and moving room. They MUST NOT be left in the Corporation's Disposal Room or put into the Corporation's garbage bins.

FLOORING – the installation of flooring must include a sound insulation product with an FIC rating of 60 or better. The manufacturer's specification sheet and a sample of the insulation product MUST be provided to the Management Office when the "REQUEST FOR RENOVATION/UPGRADE" and "FLOORING AGREEMENT" forms are submitted. Approval to install flooring will not be granted without this information.

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RESIDENT INFORMATION REGISTER: DATE: _____ SUITE: _____

THE CORPORATION IS REQUIRED TO MAINTAIN ACCURATE OCCUPANCY RECORDS FOR ALL SUITES. THIS FORM MUST BE COMPLETED AND RETURNED TO THE MANAGEMENT OFFICE AND MUST BE UPDATED AS INFORMATION CHANGES.

SUITE RESIDENT(S) INFORMATION:

OWNER TENANT

PRINT CLEARLY

RESIDENT 1

RESIDENT 2

RESIDENT 3

FIRST NAME			
LAST NAME			
HOME PHONE			
WORK PHONE			
CELL PHONE			
E-MAIL			

Use reverse side if additional space is required

If you are a Tenant please provide the Owner's name, address and telephone number

Name	Street	Suite No.	City	Province	Postal Code
Home Telephone		Business Phone		Cell Phone	

PET DISCLOSURE – Dogs are NOT allowed (see Rules & Regulations)

Type	Name	Colour

PARKING

VEHICLES PARKED IN P1 & P2 MUST DISPLAY A YRCC DECAL IN THE LOWER CORNER OF THE FRONT/REAR WINDOW

SPACE NO	Owned	Rented from	VEHICLE MAKE	COLOUR	LICENSE PLATE

LOCKERS

LOCKER NO	Owned	Rented from

THIS INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL

Please complete reverse side

YRCC 616 RESIDENT INFORMATION REGISTER, continued:

SUITE RESIDENT(S) INFORMATION: *(continued from front if required)*

PRINT CLEARLY	RESIDENT 4	RESIDENT 5	RESIDENT 6
FIRST NAME			
LAST NAME			
HOME PHONE			
WORK PHONE			
CELL PHONE			
E-MAIL			

NAME AS IT IS TO BE LISTED ON ENTERPHONE DIRECTORY:

LAST NAME, FIRST NAME or INITIALS

PRINT CLEARLY (maximum OF 20 characters, including spaces)

DO YOU REQUIRE ASSISTANCE IN AN EMERGENCY? YES NO

IF "YES" please list:

NAME	ASSISTANCE REQUIRED

This information will be added to the "Fire Plan" which is only available to the Fire Department.

EMERGENCY CONTACTS

NAME	TELEPHONE NO.

THIS INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL