



ARCHITECTURAL & CONSTRUCTION MODIFICATION TO UNIT

CHECK LIST

Unit #: _____

Date Submitted: _____

FOR OFFICE USE ONLY

Note: You must provide the Association office with the following:

- | | |
|--|-------|
| 1. Architectural Modification Application / Contractor Access Form | _____ |
| 2. Contractors Rules & Regulations Signed by Contractor and Unit Owner | _____ |
| 3. Soundproofing Certificate (Signed and Notarized) | _____ |
| 4. Unit Access Authorization | _____ |
| 5. Affidavit (Applicable if Unit Owner is Performing Modification) | _____ |
| 5. Contractor's License | _____ |
| 6. Certificate of Insurance (Minimum \$1,000,000.00) | _____ |
| 8. Sample of Soundproofing Material with Specifications | _____ |
| 9. City of Miami Permit (Electrical and Plumbing Only) | _____ |
| 10. Dumpster Fee of \$200.00 Non-Refundable | _____ |
| 11. Security Deposits: (refundable) | |
| a. 1 to 15 working days \$1,000.00 | _____ |
| b. 1 to 45 working days \$1,500.00 | _____ |
| c. 1 to working 60 days \$2,000.00 | _____ |

Note: Incomplete applications will not be processed. Most applications are approved within 10 working days. The condominium is allowed up to 30 days to approve an application.

This application has been approved by: _____

Date: _____



Credit Card Authorization

I, _____, authorize use of my credit card. This is for the sole purpose of Plaza 851 Brickell Condominium Association. I have been advised by Plaza 851 Brickell Condominium Association of the use of my credit card.

Credit Card Number: _____

Name on Credit Card: _____

Expiration Date on Credit Card: _____

3 Digit Code (CVV): _____

Billing Address Associated with Card: _____

X _____

Signature

Be advised that Plaza 851 Brickell Condominium Association does not accept American Express.

Privacy Act Notice: This information is for the sole use of Plaza 851 Brickell Condominium Association. It will not be disclosed outside the agency except as required by law. Please be advised that for the protection of your confidential information this document will be disposed of after use.



**REQUEST FOR ARCHITECTURAL MODIFICATION OR ALTERATION /
CONTRACTOR ACCESS REQUEST**

Resident's Name(s): _____ Unit: _____ 851 Tower

I hereby request approval from the Board of Directors for the following modification and/or alteration, or otherwise to allow a professional contractor access to my unit. **A licensed, insured contractor will perform all work.**

<input type="checkbox"/> Interior Floor Installation	<input type="checkbox"/> Plumbing Work	<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Other Work
<input type="checkbox"/> Balcony Floor Installation	<input type="checkbox"/> Painting	<input type="checkbox"/> Carpet Installation	

Detailed description of work, including the **name and contact information for all contractors** who will need access to the property: _____

Attached are copies of plans, specifications, and license for work to be performed in my unit, which are submitted for your consideration and approval. For hard (tile, wood, etc.) flooring installation, please fill out and notarize the "Sound Proofing Confirmation Certificate" indicating the sound proofing specification of Impact Isolation Class 55 and Sound Transmission Class of 50.

- I agree to abide by the Declaration of Condominium Documents of The Plaza 851, a Condominium with respect to: Additions, Alterations, or Improvements by Unit Owners.
- If any damage to the common areas of the property, the property of other unit owners, or any personal injury occurs during this project, then I, as a unit owner, acknowledge all responsibility. Furthermore, I do not hold The Plaza 851 Tower Condominium Association, Inc. its Officers, and/or employees liable in any way FOR DAMAGES within my unit and/or THEFT of its contents therein.
- If I am not going to be present while the work is to be performed, I must also complete an **Access Authorization Form**, which will only allow access of designated companies and individuals through the property into my unit.
- I agree that no work will begin in my unit until I receive written approval from the Association and have scheduled said work with Management.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE.

Resident Signature/Date: _____



CONTRACTORS RULES

- 1) WORK HOURS ARE **MONDAY THROUGH FRIDAY, 8:30AM TO 4:30 PM**. ALL CONTRACTORS MUST EXIT THE PROPERTY BY 4:30 PM. NO WORK WILL BE PERMITTED ON THE WEEKENDS OR HOLIDAYS.
- 2) BEFORE ANY WORK CAN BEGIN, ALL CONTRACTORS MUST PROVIDE MANAGEMENT:
 - **SPECIFICATIONS OF ALL MATERIALS BEING INSTALLED**
 - **FLOORING INSTALLATION: MANUFACTURER'S SPECIFICATIONS FOR SOUND PROOFING MUST INDICATE THAT THE SOUND PROOFING WAS TESTED ON A CONCRETE SLAB (7') WITHOUT A SUSPENDED/DROP CEILING.**
 - **SIGNED AND NOTARIZED "SOUND PROOFING CONFIRMATION CERTIFICATE" FOR ANY HARD FLOORING (TILE, WOOD, ETC.) INSTALLATIONS**
 - **MIAMI-DADE OCCUPATIONAL LICENSE/CERTIFICATE OF ELIGIBILITY**
 - **CERTIFICATE OF WORKER'S COMPENSATION INSURANCE IN THE AMOUNT OF \$500,000.00 FOR ANY CONSTRUCTION WORK. (IF APPLICABLE) AN EXCEPTION CERTIFICATE**
 - **LIABILITY INSURANCE CERTIFICATE NAMING "THE PLAZA 851 BRICKELL CONDOMINIUM ASSOCIATION" AS ADDITIONAL INSURED IN THE AMOUNT OF \$1,000,000.00**
 - **CITY OF MIAMI-DADE PERMIT FOR ANY WORK OTHER THAN FLOORING BEING DONE**
 - **ALL WORKERS MUST PRESENT IDENTIFICATION AT THE TIME OF ENTRY**
- 3) AFTER RECEIVING THE ABOVE-LISTED DOCUMENTATION, THE ASSOCIATION WILL PROVIDE THE CONTRACTOR WITH AN "APPROVAL LETTER", WHICH WILL BE NEEDED TO SUBMIT A PERMIT REQUEST WITH THE CITY OF MIAMI.
- 4) CONTRACTORS MUST PROVIDE MANAGEMENT A CITY OF MIAMI-DADE WORK PERMIT PRIOR TO STARTING WORK. (NOT RQUIRED FOR FLOORING)
- 5) A REFUNDABLE SECURITY DEPOSIT OF \$1,000.00 IS REQUIRED PRIOR TO ANY WORK BEING APPROVED. **THIS DEPOSIT WILL BE DEPOSITED BY THE ASSOCIATION, AND RETURNED WITHIN TEN DAYS AFTER THE WORK HAS BEEN COMPLETED, PROVIDED NO DAMAGE HAS OCCURRED.**
- 6) CONTRACTORS ARE RESPONSIBLE TO KEEP THE COMMON AREAS CLEAN OUTSIDE THE UNIT THEY ARE WORKING ON. CONTRACTORS ARE RESPONSIBLE FOR LAYING DOWN HEAVY PLASTIC ON THE CARPET IN FRONT OF UNIT. (NO WORK WILL COMMENCE WITHOUT THIS) **ALL DEBRIS AND BOXES MUST BE REMOVED FROM THE PROPERTY. UNDER NO CIRCUMSTANCE, SHOULD ANY CONSTRUCTION MATERIALS BE PLACED IN THE BUILDING'S TRASH CHUTES OR LEFT IN A HALLWAY.**
- 7) CUTTING CONSTRUCTION MATERIALS (SUCH AS TILE OR WOOD) ON THE BALCONIES OR IN ANY COMMON AREA IS STRICTLY FORBIDDEN.

- 8) ALL BALCONY RAILING MUST BE COVERED WITH HEAVY PLASTIC WHEN INSTALLING TILE OR OTHER MATERIAL TO THE BALCONY FLOOR IN ORDER TO PROTECT RAILINGS FROM DAMAGE AND TO GUARD AGAINST ANY DEBRIS FROM FALLING OVER THE BALCONY CAUSING DAMAGE. BALCONY TILE MUST NOT GO PAST THE CENTER OF THE BALCONY RAILING.
- 9) NO UNIT OWNER AND/OR CONTRACTOR SHALL ALTER THE LIFE SAFETY SYSTEM INSIDE THE UNITS. THEREFORE, PAINTING MUST BE DONE AROUND THE LIFE SAFETY SYSTEM (FIRE SPRINKLERS, ANNUNCIATOR SPEAKERS, ETC.).
- 10) LOADING/UNLOADING MATERIALS IS TO BE DONE ONLY AS DIRECTED BY THE PROPERTY MANAGER. ELEVATORS MUST BE PROTECTED / PADDED BEFORE ANY TOOLS OR MATERIALS ARE PLACED INSIDE THEM.
- 11) ALL LOADING AND UNLOADING MUST BE DONE THRU THE DESIGNATED RECEIVING AREA (LOADING DOCK).
- 12) NO ONE MAY PLACE GROUT OR ANY OTHER CONSTRUCTION DEBRIS DOWN A DRAIN OR TOILET. THIS MAY CAUSE DAMAGE TO THE PLUMBING IN THE BUILDING, AND AS PER CONDOMINIUM DOCUMENTS, THE COST OF ANY REPAIRS WILL BE THE RESPONSIBILITY OF THE UNIT OWNER.
- 13) CONTRACTOR MAY NOT USE THE PASSENGER ELEVATORS NOR TRANSPORT ANY TYPE OF TOOLS, SUPPLIES, EQUIPMENT, and MATERIALS ETC...
- 14) CONTRACTORS/WORKERS SHOULD BE DRESSED PROPERLY AND STAY WITHIN THE CONFINES OF THE CONTRACTOR DESIGNATED AREAS. THE RECEIVING AREA MUST BE USED AS BOTH THE ENTRANCE AND EXIT.
- 15) OWNER/CONTRACTOR IS RESPONSIBLE FOR CONTACTING THE MANAGEMENT OFFICE TO RESERVE THE FREIGHT ELEVATOR FOR USE. PASSENGER ELEVATORS MAY NOT BE USED FOR ANY CONSTRUCTION EQUIPMENT, SUPPLIES, TOOLS OR MATERIALS.
- 16) A FEE OF \$200.00 MUST BE PAID FOR THE USE OF THE DUMPSTER. THIS FEE IS MANDATORY FOR APPROVAL.

Contractor Representative

Date

Signature

Contractor Company

Phone number

Resident's Name and Unit

Date

Signature



Sound Proofing Confirmation Certificate

Hard Floor (Tile, Wood, etc).Floor Installation
"Sound Proofing Confirmation Certificate"

I, _____, representing _____
Contractor name Company name

Address City State Zip Code

Occupational License# _____ certify that the flooring installation performed
by me For _____, unit # _____ The Plaza on Brickell 851
Condominium Association meets or exceeds the soundproofing standards set forth.

Any product meeting the following standards:

- Sound Transmission Class rating of 50 (STC)
- Impact Isolation Class rating of 55 (IIC)
- Rating achieved when tested on a concrete slab (7") without a suspended/drop ceiling

The Association assumes no responsibility for overseeing any work contracted for independently by unit owners. It is the responsibility of the contractor and the unit owner to ensure that the work is done as specified, that the correct methods and material are used, and that all work is in compliance. Photo of sound proofing installed must be submitted to management office prior to the installation of the flooring material.

By: _____ Date: _____
Contractor's name

Witness my hand and official seal _____ day of _____, 200_____

Notary Public

My Commission Expires: _____



UNIT ACCESS AUTHORIZATION

TO: THE PLAZA ON BRICKELL 851 CONDO ASSOCIATION
FROM: UNIT OWNER: _____
UNIT #: _____

THIS IS TO AUTHORIZE AND REQUEST you to grant access to the above-described Unit in The Plaza on Brickell 851 Condo Association to the person(s) named below.

In giving this authorization and request, the undersigned ACKNOWLEDGES AND AGREES:

1. Although the purpose(s) of the entry is stated below (for information only), you are not responsible to see to such purpose(s) being fulfilled nor for limiting access to the accomplishment of such purpose(s):
3. You are not responsible in any manner for supervising, observing or controlling the conduct of the person(s) to whom access and/or the key was given and
4. The undersigned agrees to fully indemnify and hold harmless you and all of your officers, directors, members, employees and agents (including, without limitation, your management and security companies and their officers, directors and employees) for and from any and all misconduct or negligence of the person(s) named below, whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorneys fee and court cost regardless of whether suit is brought or any appeal is taken there from).

NAMES OF PERSON(S) AUTHORIZED TO HAVE ACCESS:

NAME OF COMPANY (IF ANY): _____
PURPOSE(S) OF ACCESS (FOR INFORMATION ONLY):

INTENDED TERMINATION DATE OF AUTHORIZATION: The undersigned agrees to notify management, in writing, of the termination of this authorization. You are entitled to assume that this authorization is in full force and effect until you actually receive a written notice of such termination.

UNIT OWNER(S) SIGNATURE(S)-On behalf of all owners of the Unit

Print Name(s)

Received By: Signature

Title

Date



AFFIDAVIT

By means of this Affidavit, I _____, hereby certify that I will be the only person, on behalf of _____, performing work in unit _____ at The Plaza on Brickell 851 Condominium. Furthermore, I certify that I will hold the The Plaza on Brickell 851 Condominium Association and the owner of the aforementioned unit harmless from any liability if I am injured while working in the unit or while on Association property.

Date: _____

Print Name: _____

Signature: _____

BEFORE ME, THE ABOVE SIGNED AUTHORITY PERSONALLY APPEARED TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING AFFIDAVIT.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ DAY OF _____, 200__.

Notary Public

My Commission Expires: _____