

Putnam Hill Renovation Application Checklist

Send the completed Putnam Hill Renovation Application with all the items on the checklist below to:

Plaza Realty & Management Corp
PO Box 17010, Stamford, CT 06907

Application Checklist

1. Putnam Hill categorizes projects as noted below; all Class A projects require a valid Town of Greenwich Building permit. You should obtain the building permit **prior** to submitting the renovation application.
 - a. **Class A** – Major projects that include the renovation of kitchens or bathrooms, removal of walls, replacement of floors, windows or balcony patio doors, adding electrical capacity or re-wiring, replacing air conditioners. Information on Class A renovations will be posted in the lobby bulletin board for the duration of the project.
 - b. **Class B** – Repairs to existing items or fixtures, such as painting or installing a new toilet or dishwasher.
2. The General Contractor, Electrical, Plumbing and HVAC Subcontractors must provide a copy of their current CT Home Improvement License, proof of active Liability and Workman's Compensation coverage as noted below, and sign the legal contract with Putnam Hill on page 4.
3. Even though a Shareholder is paying for the renovation, the legal owner of the apartment is Putnam Hill Apartments, Inc and they must be properly listed on the required Certificate of Insurance. See an example with the required coverage on page 7.
 - a. Under **Description of Operations** write "Putnam Hill Apartments, Inc. is included as additionally insured on a primary, non-contributory basis as required by written contract or agreement for work at their premises: Building # Putnam Hill, Greenwich, CT 06830. Also included as additionally insured: Plaza Realty and Management Corporation."
 - b. Under **Certificate Holder** write "Putnam Hill Apartments, Inc. c/o Plaza Realty, P.O. Box 17010, Stamford, Ct 06907"
4. Copies of architectural drawings and technical specifications for windows and exterior door replacements, awnings, washing machines and dryers and air conditioners. Detail all dimensions for new walls, closets etc.
5. For Class A projects, Plaza Realty & Management Corp will review the application with the Board once the application is complete. If approved by the Board, the Applicant will receive a letter of approval. ***The approved and fully signed Application shall be and become a valid and binding contract between Putnam Hill Apartments, Inc. and the Applicant and their Contractors.***
6. The Shareholder is responsible to repair, at their sole cost, of all damage to other Putnam Hill apartments or to community property caused by their Contractors during this approved renovation.
7. The Applicant understands and accepts that from time to time during the renovation, the Superintendent or another person designated by the Board may enter the apartment between the hours of 8:00 am to 4:30 pm on any weekday, to monitor and assess the progress and determine that only the work approved is being conducted and report to the Board.

Putnam Hill Renovation Application

This page will be posted in the lobby bulletin board of the relevant building before the project commences and for its duration. ***Report complaints about excessive noise or construction work after hours or after the completion date below or any other complaints to the Managing Agent by telephone at 203 653-6546 or email to Rosario@PlazaRealtyMgmt.com.***

Unit: _____

Shareholder: _____ Phone Number: _____

Contractor: _____

Project Dates: Start Date: _____ Completion Date: _____

This Project includes the following Items:

Demolition	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Interior Walls
Kitchen	<input type="checkbox"/>	Appliances	<input type="checkbox"/>	Cabinetry	<input type="checkbox"/>	Counter Top <input type="checkbox"/> Floors
	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Kitchen Exhaust
Bathroom	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Tub/Shower	<input type="checkbox"/>	Toilet <input type="checkbox"/> Tile
	<input type="checkbox"/>	Relocate Fixtures				
Carpentry	<input type="checkbox"/>	Interior Doors	<input type="checkbox"/>	Mouldings	<input type="checkbox"/>	Closets <input type="checkbox"/> Other

Flooring	<input type="checkbox"/>	Refinishing	<input type="checkbox"/>	Carpeting	<input type="checkbox"/>	Soundproofing <input type="checkbox"/> New
Painting	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Select Rooms	_____	
Balcony/Terrace	<input type="checkbox"/>	Exterior Door	<input type="checkbox"/>	Awning	<input type="checkbox"/>	Flooring
Electrical	<input type="checkbox"/>	Add Capacity	<input type="checkbox"/>	Change Fixtures	<input type="checkbox"/>	Add Outlets & Switches
Other	<input type="checkbox"/>	Washer/Dryer	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Air Conditioner

Other Details: _____

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Managing Agent to determine: ☐ Class A ☐ Class B

☐ Electrical ☐ Plumbing ☐ Carpenter ☐ HVAC ☐ Window Installer ☐ _____

Contractor Name: _____

Signature: _____

Address: _____

Phone Number Cell: _____ After Hours: _____

Email Address: _____

☐ Electrical ☐ Plumbing ☐ Carpenter ☐ HVAC ☐ Window Installer ☐ _____

Contractor Name: _____

Signature: _____

Address: _____

Phone Number Cell: _____ After Hours: _____

Email Address: _____

☐ Electrical ☐ Plumbing ☐ Carpenter ☐ HVAC ☐ Window Installer ☐ _____

Contractor Name: _____

Signature: _____

Address: _____

Phone Number Cell: _____ After Hours: _____

Email Address: _____

Construction Hours

Contractors may only work between **8:30 am till 4:00 pm**. Contractors may arrive and have access to the building as early as 8:00 am to set up their work and must depart by 4:30 pm, at the latest. The Shareholder is responsible for providing access, through the garage to the Contractor. For major projects, the Superintendent will assign a unique access code for the Contractor with access limited to Monday – Friday 8:00 am to 4:30 pm.

The Applicant is Responsible for Damage to Others

The Shareholder is responsible to repair, ***at their sole cost***, any and all damage to other Putnam Hill apartments or to common property caused by their Contractors during this approved renovation. We recommend that Shareholders advise their immediate neighbors of any pending construction work.

Fines

The Applicant agrees to pay any fines imposed by Putnam Hill Apartments Inc. for poor performance on the part of their contractor as defined in the Contractor Addendum and Checklist on page 5.

Signatures, Acknowledgement and Approvals

The ACKNOWLEDGEMENT will be signed by the Applicant and General Contractor. If there is no General Contractor, then it must be signed by each sub-Contractor or Service Provider involved in the project. I/We have read the **House Rules section IV, “Renovation of Apartments”** and I/we will abide by these rules throughout the duration of the project.

Applicant Name: _____

Signature: _____ Date: _____

Co- Applicant Name: _____

Signature: _____ Date: _____

General Contractor Name: _____

Signature: _____

Address: _____

Phone Number Cell: _____ After Hours: _____

Email Address: _____

Note: The General Contractor may sign on behalf of all his sub-contractors on the understanding that the General Contractor accepts total responsibility for the work and the Contractor's commitments under the Acknowledgment including insurance liability and permit requirements. If individual permits for individual trades are being pulled by each sub-Contractor, then the below is to be completed by each trade.

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Class A Project ☐ **Approved** ☐ **Disapproved**

Submitted: _____ Date: _____

Signature of Officer or Director: _____

Class B Project ☐ **Approved** ☐ **Disapproved**

Submitted: _____ Date: _____

Signature of Managing Agent or Superintendent: _____

Contractor Addendum and Checklist

(Not needed for Air Conditioner replacements)

Pre-Construction Conference & Agreement:

Putnam Hill will schedule a pre-construction conference among the Applicant, Lead Contractor, Superintendent and Managing Agent to confirm the project's timeline as submitted below.

The Contractor cannot extend the project and work beyond the approved completion date without receiving specific approval from the Board. The Applicant must apply to amend the deadline date in its application as soon as possible after it determines that the deadline may not be met.

Demolition

The contractor must provide sufficient man power to accomplish the demolition phase of the project within a maximum of 5 consecutive days. Dumpsters are only allowed on the property during week days and must be removed by Friday 4:00 pm.

Noise Mitigation Requirements:

- If the unit is carpeted, leave the carpet in place as long as possible.
- No loud music during the work.

Dust Mitigation Requirements:

- Install a zippered and tape sealed plastic at the entry door
- Place clear plastic on the floor from the elevator to the unit entry door.
- Cover the bathroom vents and fire safety equipment with plastic. Remove the radiator covers and seal all holes in the floor with spray foam. Cover the radiators with a non-plastic material to prevent dust from rising to the upper floors.
- Install an air filtration/dust reduction system.

Renovation Restrictions:

- Garbage disposals and Bathroom exhaust fans are not allowed
- Existing bathroom vents cannot be relocated or closed off
- Shower stalls must have a minimum of 3" curb.
- Steam pipes cannot be touched or relocated
- Washing machines must have an independent drain line connected directly to a 4" stack; floor pan and flood stops for machine are mandatory
- No openings may be cut in exterior walls or roofs for vents, hood fans, dryers etc. If the unit has a balcony, the application may include a vent onto the balcony for a cooking range.
- Air conditioning units must be properly sized by a professional retailer (such as County Appliance) who is familiar with the model of sleeve unit required at Putnam Hill. See specifications at PutnamHillct.com.

- DO NOT remove, cover, paint or tamper with in anyway the Fire Safety detection, sounder or strobe devices in the apartment
- Radiator covers must be removal and allow sufficient air flow. Provide design drawing for approval prior with the application.

Potential Fines

It is agreed that when any of the following are observed or corroborated by the Superintendent, Putnam Hill Apartments, Inc. may assess the Applicant the following contractual penalties, which they agree to pay. Each penalty carries a fine of \$100.00 and the fine will be doubled if the Contractor repeats the infraction:

- Contractor not parked where Superintendent designates
- Garage or Inner Hallway door left open
- Delivery of materials through main lobby entrance without prior approval from the Superintendent
- Failure to request elevator padding 48 hours before needed or pad as requested
- Disposal of construction debris or packing material in dumpsters
- Storing Materials or equipment in the hallways
- Not properly maintaining the common areas
- Failing to comply with approved work hours/days
- Managing Agent or Superintendent unable to reach contractor at the after-hours number provided.

Client#: 2852

PUTNAHILLA

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Smith Insurance 15 Liberty Way Niantic, CT 06357 860 739-3322	CONTACT NAME: PHONE (A/C, No, Ext): 860 739-3322 FAX (A/C, No): 860-739-9494 E-MAIL ADDRESS:																					
INSURED Putnam Hill Apartments c/o Plaza Realty & Management 1010 Hope Street PO Box 17010 Stamford, CT 06907	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>Philadelphia Indemnity Insuranc</td><td>18058</td></tr> <tr> <td>INSURER B :</td><td>Greenwich Insurance Company</td><td>22322</td></tr> <tr> <td>INSURER C :</td><td>AmGuard Insurance Company</td><td>42390</td></tr> <tr> <td>INSURER D :</td><td>Continental Casualty Company</td><td>20443</td></tr> <tr> <td>INSURER E :</td><td>Hartford Fire Insurance Co.</td><td>19682</td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Philadelphia Indemnity Insuranc	18058	INSURER B :	Greenwich Insurance Company	22322	INSURER C :	AmGuard Insurance Company	42390	INSURER D :	Continental Casualty Company	20443	INSURER E :	Hartford Fire Insurance Co.	19682	INSURER F :		
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PHPK1602953	01/15/2018	01/15/2019	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$5,000
						PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY		PHPK1602953	01/15/2018	01/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	PPP7440967	01/15/2018	01/15/2019	EACH OCCURRENCE \$10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		PUWC894397	03/01/2017	03/01/2018	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$500,000
						E.L. DISEASE - POLICY LIMIT \$500,000
D	D&O		0250804552	01/15/2018	01/15/2019	1,000,000
E	Crime Bond		00FA028842917	01/15/2018	01/15/2019	1,200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Information Only	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Heather McAllister</i></p>
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