

RENOVATION REQUEST

Please complete and return to TRIBE Management Inc.

Date: _____

Name: _____

Phone Number: _____ **Email:** _____

Suite Number: _____ at _____

City: _____ Strata Lot: _____ Strata Plan: _____

We wish to request permission to carry out the following work in our unit:

Contractor's Company Name: _____

Office Contact: _____ Main Number: _____

Onsite Contact Name: _____ Cell: _____

Commencement Date: _____

Completion Date: _____ (not to exceed 2 months)

Building Permit #: _____

We attach herewith the necessary plans and details of the work to be carried out.

We have read and understand the Strata Bylaws we agree to fully abide by them. We understand and agree that if we violate any aspect of the Strata Bylaws, we will be subject to penalties imposed by the Strata Corporation against our Strata Lot. We understand that alterations to the strata lot are not covered by the Strata Corporation's insurance.

NOTE: Your request for renovations is subject to the Strata Council's approval and completion of the attached Alteration and Indemnity Agreement.

Owner's Name: _____ Signature: _____ Date: _____

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OFFICE USE ONLY

Received : _____ Date: _____

Approved: _____ Date: _____

Comments and conditions: _____