

# DANBURY OFFICE CENTER CONDOMINIUM ASSOCIATION

## CONSTRUCTION / ALTERATION / IMPROVEMENT APPLICATION

This form must be submitted before construction, alteration, renovation, repair, installation, or improvement work begins.

Association approval does not replace any permit, inspection, code, licensing, or other governmental requirement.

### 1. UNIT / OWNER / OCCUPANT INFORMATION

|                         |                      |                   |                      |
|-------------------------|----------------------|-------------------|----------------------|
| Unit Number(s):         | <input type="text"/> | Application Date: | <input type="text"/> |
| Unit Owner Name:        | <input type="text"/> |                   |                      |
| Business / Tenant Name: | <input type="text"/> |                   |                      |
| Owner Phone:            | <input type="text"/> | Owner Email:      | <input type="text"/> |
| Tenant / Contact Phone: | <input type="text"/> | Email:            | <input type="text"/> |

### 2. PROPOSED WORK

Brief description of all proposed work:

|                       |                      |                            |                      |
|-----------------------|----------------------|----------------------------|----------------------|
| Estimated Start Date: | <input type="text"/> | Estimated Completion Date: | <input type="text"/> |
| Work Hours / Days:    | <input type="text"/> |                            |                      |

#### Check all work that applies:

- |                                 |                                |
|---------------------------------|--------------------------------|
| Demolition / wall removal       | Walls / partitions / doors     |
| Plumbing / fixtures / piping    | Electrical / lighting / panels |
| HVAC / mechanical / ductwork    | Fire sprinkler / alarm system  |
| Flooring / ceiling              | Cabinetry / built-ins          |
| Windows / exterior doors        | Signage / exterior appearance  |
| Structural work                 | Roof / penetration             |
| Medical / specialized equipment | Other                          |

Other / additional details:

### 3. PERMITS / PLANS / APPROVALS

|                                       |     |    |             |                      |
|---------------------------------------|-----|----|-------------|----------------------|
| Is a City of Danbury permit required? | Yes | No | Permit No.: | <input type="text"/> |
| Permit applied for / obtained?        | Yes | No | Issue Date: | <input type="text"/> |

Types of permits / approvals (check all):

- |                     |            |          |            |
|---------------------|------------|----------|------------|
| Building            | Electrical | Plumbing | Mechanical |
| Fire Marshal / Fire | Zoning     | Health   | Other      |

|                                      |     |    |                         |     |    |
|--------------------------------------|-----|----|-------------------------|-----|----|
| Architect / Engineer plans attached? | Yes | No | Stamped plans required? | Yes | No |
|--------------------------------------|-----|----|-------------------------|-----|----|

Plan / drawing description:

## CONSTRUCTION / ALTERATION / IMPROVEMENT APPLICATION

## 4. CONTRACTOR / INSURANCE INFORMATION

General Contractor / Company:

Contractor Contact:  Phone:

Email:  CT License / Reg. No.:

Certificate of Insurance attached? Yes No Expiration:

General Liability Carrier:

Policy No.:  Coverage Limit:

Workers' Compensation coverage? Yes No Expiration:

Association named as Additional Insured when required? Yes No

## 5. PLUMBING / WATER PROTECTION

Will any plumbing, drain, water line, sink, toilet, appliance, or water-fed equipment be added/moved/changed? Yes No

Licensed plumber name/company:  License #:

Will water be shut off to the unit/building? Yes No Date/time:

Existing water shut-off solenoid present? Yes No Tested? Yes No

Will a new/replacement automatic shut-off solenoid be installed? Yes No

Leak detection device/system present or proposed? Yes No

Location of main unit water shutoff / solenoid:

Will work penetrate or affect common plumbing, risers, drains, walls, ceilings, or neighboring units? Yes No

Water/plumbing notes:

## 6. ELECTRICAL / HVAC / FIRE &amp; LIFE SAFETY

Electrical work being performed? Yes No Licensed electrician? Yes No

Electrician / Company:  License #:

Panel / circuit / service changes? Yes No New high-load equipment? Yes No

HVAC / mechanical work? Yes No Roof/exterior/common-area penetration? Yes No

Fire alarm / sprinkler affected, relocated, disabled, or modified? Yes No

Will any system need to be temporarily shut down? Yes No

Electrical / HVAC / fire notes:

## 7. IMPACT ON COMMON ELEMENTS / BUILDING

Work affects common elements or limited common elements

Changes exterior appearance, windows, doors, façade, signage, or roof

Affects structural walls, columns, slabs, framing, or supports

**DANBURY OFFICE CENTER CONDOMINIUM ASSOCIATION**  
**CONSTRUCTION / ALTERATION / IMPROVEMENT APPLICATION**

Page 3

**8. REQUIRED ATTACHMENTS**

Detailed scope of work / proposal  
Plans, drawings, specifications, or floor plan  
Copies of applicable permits / approvals  
Contractor and trade license information  
Certificate(s) of Insurance  
Work schedule / anticipated duration  
Other supporting documents

Other attachments:

**9. OWNER / APPLICANT ACKNOWLEDGMENT**

I certify that the information provided is complete and accurate and that no work will begin until required Association approval is received.

I understand that Association approval does not constitute approval by the City of Danbury or any other governmental authority.

I am responsible for obtaining all required permits, inspections, licenses and approvals and for complying with applicable codes and laws.

I am responsible for the acts of contractors, subcontractors and workers, and for damage to common elements or other units caused by the work.

I will keep common areas clean and safe, promptly remove debris, and coordinate shutdowns, access, deliveries and disruptive work with the Association.

I understand that the Association may require access to inspect work affecting building systems or common elements and may require correction of work.

Owner / Applicant Signature:

Date:

Printed Name:

**10. ASSOCIATION USE ONLY**

Application Status:

Approved

Approved with Conditions

Denied

Conditions / comments:

Additional documents required:

Association Representative:

Date:

Final inspection / closeout required?

Yes

No

Completed:

Final notes: