



**YORK CONDOMINIUM CORPORATION #41  
RENOVATION FORM**

**NAME:**

**UNIT #:**

**CONTACT INFORMATION:**

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

**RENOVATION  
(PLEASE CHECK ONE)**

**PLUMBING**

**ELECTRIC**

**BATHROOM**

**KITCHEN**

**FLOORING**

**DESCRIPTION OF  
RENOVATION  
REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

**I, THE UNDERSIGNED HEREBY REQUEST TO HAVE THE ABOVE DESCRIBED RENOVATION TO THE ORIGINAL CONSTRUCTION ELEMENT(S) IN MY UNIT APPROVED BY THE BOARD OF DIRECTORS. I UNDERSTAND THAT THE ABOVE DESCRIBED RENOVATION WILL NO LONGER BE CONSIDERED A COMMON ELEMENT AND I, THE OWNER OF THE PROPERTY WILL BE HELD RESPONSIBLE FOR ALL REPAIRS TO THE RENOVATIONS THAT MAY BE REQUIRED IN THE FUTURE. I UNDERSTAND THAT I OR MY CONTRACTOR ARE RESPONSIBLE FOR REMOVING ALL CONSTRUCTION WASTE FROM YCC#41 PROPERTY.**

\_\_\_\_\_  
SIGNATURE  
**THIS FORM MUST BE SIGNED BY OWNER**

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY:**

DATE OF INSPECTION: \_\_\_\_\_ TIME OF INSPECTION: \_\_\_\_\_

INSPECTION COMPLETED BY: \_\_\_\_\_

REPORT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

RENOVATIONS ARE ONLY PERMITTED IN UNITS DURING THE HOURS OF 9:00 A.M. AND 8:00 P.M. MONDAY TO SATURDAY. RENOVATIONS ARE NOT PROHIBITED IN UNITS ON SUNDAYS AND STATUTORY HOLIDAYS.