



ALLURE WAIKIKI APPLICATION FOR APPROVAL OF MODIFICATIONS, ADDITIONS OR IMPROVEMENTS

Please Note: Only the Unit Owner has the right to apply for approval from the Architectural Committee. The Architectural Committee reserves the right to deny applications completed by any person other than the Unit Owner.

Unit #: _____ Date: _____

HOME OWNER INFORMATION

Name: _____ Phone #: _____

Email Address: _____

AUTHORIZED AGENT INFORMATION

Name: _____ Phone #: _____

Email Address: _____

CONTRACTOR INFORMATION

List ALL Contractors who will be involved in the project. Please attach additional pages if you need more space to write.

• Company Name: _____

Supervisor's Name: _____ Direct Phone #: _____

License No.: _____ Exp. Date: _____ Phone #: _____

• Company Name: _____

Supervisor's Name: _____ Direct Phone #: _____

License No.: _____ Exp. Date: _____ Phone #: _____

• Company Name: _____

Supervisor's Name: _____ Direct Phone #: _____

License No.: _____ Exp. Date: _____ Phone #: _____

ESTIMATED DATES OF PROJECT

Start Date: _____ End Date: _____

SCOPE OF WORK (OVERVIEW)

Please attach additional pages if you need more space to write. Include any affects this project will have on Common Areas.

ALL of the following **MUST** be attached to this application to be processed:

- Detailed plans, product samples & specifications, project drawings or renderings.
- A Certificate of Insurance for a minimum of \$1,000,000 naming Allure Waikiki AOOU and Hawaiiana Management Company as additionally insured.
- A copy of the license for ALL Contractors involved in the project.

Home Owner's Signature: _____ Date: _____

----- OFFICE USE ONLY -----

Approved as submitted Approved subject to conditions (noted below) NOT Approved

Approved by: _____ Date: _____

Signature or Email Reference: _____

Notes: _____
