For office use only:
Date received by
General Manager:

Initials: _____
Rev. 12/06/2022

ASSOCIATION OF APARTMENT OWNERS OF MAKAHA VALLEY TOWERS

Application to Perform Repairs to Apartments

Date submitted: _____ Unit No.: _____
Unit Owner's name(s): _____
Please print clearly
Unit Owner's Contact Information:
Mailing address: _____
Phone: Day _____ Evening_____
E-Mail: _____

IMPORTANT NOTICE

THE PURPOSE OF THIS APPLICATION IS TO NOTIFY THE ASSOCIATION THAT REPAIRS WILL BE MADE TO THE SUBJECT UNIT. THIS FORM SHALL NOT BE USED IF CABINETS OR WALLS WILL BE REPLACED, OR FOR PROPOSED ALTERATIONS OR ADDITIONS TO ANY UNIT OR COMMON OR LIMITED COMMON ELEMENT. THE DESIGN REVIEW APPLICATION FOR APPROVAL OF MODIFICATIONS MUST BE USED FOR REPLACEMENT OF CABINETS OR WALLS OR ALTERATIONS OR ADDITIONS TO A UNIT OR COMMON OR LIMITED ELEMENT.

I. DESCRIPTION OF PROPOSED REPAIRS

PLEASE LIST EACH REPAIR SEPARATELY. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED. (You must list the specific rooms involved. If you are changing flooring, please list the type that currently exists in your unit and the type of replacement flooring that you intend to install).

Repair #1
Repair #2
Repair #3
Repair #4

Owner's Initials: _____

II. AREAS OF APARTMENT TO BE REPAIRED

If any repairs will be performed on the items described below, insert a "✓" or "X" below. If you fail to insert a "✓" or "X", this will be a representation that you will not repair the item.

	Kitchen	Bath room	Entry/ Hallway	Bedrooms		Dressing Room*	Studio	Living Room	Lanai
				1	2				
Hard surface flooring									
Carpeting									
Range									
Vent Hood									
Dish washer									
Disposal									
Other appliances									
Cabinets									
Countertops									
Lighting									
Electrical outlets									
Electrical lines									
Electrical switches									
Other electrical work									
Drywall/sheet rock									
Existing walls									
Ceilings									
Tub/shower									
Sink									
Toilet									
Plumbing system									
Electrical system									
Painting									
Doors									
Windows									
Phone/cable TV line									

* Studio and one-bedroom units only.

Owner's Initials: _____

Note: Depending upon the nature of the proposed repair work, owners may be required to obtain a building permit issued by the City and County of Honolulu, Department of Planning and Permitting, and/or approvals from other government agencies, and licensed contractor(s) may be required to perform the work. If a building permit is required by the Department of Planning and Permitting, provide the Association with a copy of the building permit.

INFORMATION RELATED TO LICENSED CONTRACTORS/DESIGN PROFESSIONAL:

Name of Contractor(s) or Design Professional(s)	License Number	Type of Contractor (e.g., general building, electrical, plumbing, etc.)

Schedule of repair work:

_____

_____

_____

_____

_____

_____

ACKNOWLEDGEMENT

I/we understand that the only work to be performed is for repairs to my/our unit. I/we am/are **not** authorized to begin any repair work until I/we have received **written approval** of this Application by the Association's President or General Manager.

I/we hereby certify that I/we have read, understand, and agree to comply with the requirements stated above.

Signature(s) of Owner(s): _____ Date: _____

_____ Date: _____

Owner's Initials: _____