



**THE HAMPTONS WEST**  
Condominium Association, Inc.

**Unit #** \_\_\_\_\_

**Date:** \_\_\_\_\_

To: All Hamptons Residents

Re: Contractor Requirements

To avoid unnecessary delays that may affect your project, it is your responsibility to ensure that your contractors adhere to the regulations and requirements of The Hamptons West Condominium Association, as work is needed in your apartment.

Such regulations include providing the Association's Management Office with a copy of your Contractor's Certificate of Insurance, both workers compensation and liability, and a copy of their State and/or county business and/or professional license.

By advising your contractors of these requirements, work in your apartment may be completed on time, without frustrating delays.

Your cooperation in this matter is appreciated.

DATE \_\_\_\_\_ PHONE # \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_ CERT. OF INS. \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

APT. # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ LIC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

UNIT OWNER'S NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**TO: ALL CONTRACTORS AND DELIVERIES**

In order to unload and do work at the Hamptons you must comply with these rules and regulations:

**All contractors must submit their certificate of insurance, workers compensation, and state or county license to work in this building.**

1. Security will direct you where to unload and park.
2. You will be held responsible for all damages caused by you, your vehicle or equipment to any Hamptons' property. Any damage incurred by you or your employees to the elevators, plants, grass areas, light poles, walkways, corridors, carpet, etc. is your responsibility. The Hamptons West **will cover the halls with Masonite flooring panels from service car to apartment.**
3. All material must be removed from the property. Do not place any material down the trash chute. Any material that requires the Hamptons to remove will be billed to the contractor and will be collected before you enter again.
4. Do not throw anything off the balcony cigarettes, and cans. Liquids should be disposed of properly.
5. Working hours from 9:00 am to 4:30 pm Monday through Friday, Saturday 9:00 am to 12:00 pm. **no work that creates noise is permitted before 9:00 am.**
6. All workers must be off the property by 5:00 pm weekdays and 12:30 pm Saturdays.
7. No work allowed in the hallways. Cutting, painting, carpentry, etc. must be done elsewhere.
8. The service elevator is to be used at all times. # 1 passenger elevator may be used if necessary. See security.

**If any of these rules are violated. You will be asked to leave the property and you will be denied future access.**

# Floor Coverings Notice

## Re: Installation of Hard Floor Coverings

In the event you intend to install a hard floor covering within your unit, including, but not limited to, **TILE, MARBLE, WOOD OR VINYL** you must provide product technical specifications for the sound-conditioning material you intend to use that shows a minimum **Sound Transmission Classification (STC) and an Impact Insulation Classification (IIC) greater than or equal to 52. (See attached letter for details.)**

Further, in the event you wish to install a hard-surface floor covering on the exterior terrace, please notify **The Hamptons West Condominium Association, Inc.**, for other additional requirements.

Read and Accepted:

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# Full Description of the Planned Work

Unit Owner Name: \_\_\_\_\_

Unit No: \_\_\_\_\_

Approval is requested to make the modification, alteration or addition as described and depicted below (and/or on additional pages, as necessary). Include specific, **detailed information** such as dimensions, materials, color, design, location, etc., in sufficient detail to provide a proper review and authorization decision.

Date Received \_\_\_\_\_

Manager: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Chief Engineer: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Committee: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Need more Information \_\_\_\_\_

Board of Directors: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Need More Information \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

# Procedure for Modifications, Alterations and Additions

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_ Apt. \_\_\_\_\_

Interior Decorator \_\_\_\_\_ Phone \_\_\_\_\_

General Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Building Permit    Y     N     If yes, No. \_\_\_\_\_

List Below all Subcontractors:

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Date Received \_\_\_\_\_ By Whom \_\_\_\_\_

Manager Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Engineer Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Committee Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Need More Information \_\_\_\_\_

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_