

STERLING WOODS CONDOMINIUM, LTD.

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STERLING WOODS CONDOMINIUM, LTD.

Architectural Modification Request Instructions

1. **Fill out completely and sign the appropriate application included with this packet.**
2. Gather materials as listed below. These need to be submitted to management with your application.
 - a. **Certificate(s) of Liability Insurance for your contractor(s)**, with appropriate additional insureds and certificate holder. Please see the sample included in this packet.
 - b. **Workers Compensation Certificate for your contractor(s)**, with appropriate certificate holder.
 - c. **A copy of the proposal for the work.** The cost is not needed and can be redacted. What is required is an accurate description of the work.
 - d. **A visual plan for the work, if applicable.** This could include architectural drawings or basic drawings.
 - e. **Specification and/or material sheets** for installations or renovations.
Exterior only.
 - f. **Permit filing documentation**, if applicable.

Types of work that must to be approved by the Board of Managers:

1. All exterior installations or renovations, including, but not limited to, windows, front doors, sliding doors, screen doors, handrails and patios.
2. Interior renovations that include structural, plumbing, or electrical changes.

Once all materials have been submitted and received in good form, your application will be reviewed by management and the Board. An approval or denial will be issued within 30 days of submission.

STERLING WOODS CONDOMINIUM, LTD.

Architectural Modification Request

NOTE THAT THE OWNER MUST BE CURRENT WITH COMMON CHARGES BEFORE ANY APPROVAL WILL BE GIVEN.

Date _____ Homeowner's Name _____

Address _____ Phone: _____

Description of work to be done: _____

Description and color of material to be used: _____

Is work being performed by homeowner: Yes* _____ No _____

*** (Egress Window – see Addendum included with application packet)**

If no, enter the name, license number, address and phone number of contractor:

Contractor's contract MUST state that all work will meet or exceed local and state code requirements, including permit filing(s), that all debris will be removed from Sterling Woods premises, and that the contractor will provide Sterling Woods Condominium, Ltd. with a Certificate of Insurance for liability coverage. In addition, if the homeowner is performing the work (**which is not acceptable for the installation of a Basement Egress Window**), the homeowner must also meet or exceed local and state code requirements, remove all debris from Sterling Woods premises and show proof of liability coverage.

No sprinkler lines may remain under any patio construction. Removal/relocation of sprinkler lines must be done by Sterling Woods' contractor at homeowner's expense.

Attach to this form a drawing or sketch of your property showing the modifications, including measurements, and a copy of the contractor's proposal. Also, attach any information such as brochures, pictures or literature that will assist the Board in their approval process and a check for \$250 (**\$1500 in the case of a Basement Egress Window**) as a damage deposit. The check will be returned to you within 14 days upon an inspection that shows that all terms of this agreement have been satisfied.

Signature of owner

Date

Signature of joint owner

Date

**Addendum To Architectural Modification Request Form
For Basement Egress Windows**

Please read carefully, sign and return with your application, Hold Harmless Form and your check for the Damage Deposit.

In addition to the terms and conditions contained in the Request to Modify and Hold Harmless forms, the following terms and conditions specific to basement egress windows must be agreed to:

- An egress window can only be installed as a modification to the existing basement window at the rear of the unit and all work must be completed by a licensed insured contractor and permits obtained as per State or Local building code. Sterling Woods Condominium, Ltd. and Alexander Wolf & Company, Inc. must be listed on all contractor(s) insurance certificate(s).
- Homeowner is responsible for any utility lines that have to be moved such as PSEG, National Grid, Verizon and Cable, as well as any irrigation lines.
- Homeowner is responsible for all common ground infringed upon during the installation process. The homeowner must use the appropriate Sterling Woods Vendor (landscape, irrigation, etc.) for any work necessary to restore common grounds to acceptable condition at the sole discretion of Board of Managers and be billed directly by the contractor.
- A **damage deposit of one thousand five hundred dollars (\$1,500.00)** must be paid by the homeowner prior to approval of request and will be returned within 14 days of completion of the installation, submission of proof of the issuance of a Certificate of Occupancy by the Town of Brookhaven, and inspection of common grounds by the Board of Managers.

It is understood that the installation of an egress window in no way alters the fact that the Premises shall be used and occupied exclusively as a private single family two-bedroom residence and that neither the Premises nor any part thereof shall be used at any time for any purpose other than as a private single family two-bedroom residence in accordance with our governing documents.

Signature of owner

Date

Signature of joint owner

Date

REQUEST FOR THE USE OF A DUMPSTER/POD (a moving/storage container)

STERLING WOODS CONDOMINIUM, LTD.

***NOTE THAT THE OWNER MUST BE CURRENT WITH COMMON CHARGES BEFORE ANY APPROVAL WILL BE GIVEN. ***

Date _____ Homeowner(s) Name(s) _____

Address _____ Phone: (H) _____ (C) _____

(I am) (We are) requesting the placement of a _____ on the common area of Sterling Woods Condominium. Enter POD or moving container or dumpster in the space.

Start date: _____ End date: _____

Note that neither a POD nor a dumpster may be on site for more than five (5) days

Reason for the POD or dumpster:

Size of the POD or dumpster: Length: _____ feet, Width: _____ feet, Height: _____

Note: Maximum size permitted for a dumpster is 10 cubic yards and for a POD is 12' x 8' x 8'.

Location of the POD or dumpster will be determined by the Property Manager and/or the Board either on the owner's driveway or in a guest parking space: _____

***Property Manager to enter driveway or guest parking space in the above blank space. ***

Brookhaven Town Code §45-7.5 prohibits placing a dumpster or moving container on the street. Note that Sterling Woods prefers that it be placed on the driveway if possible. In some cases, the moving/storage container or dumpster may have to be located in a guest parking space.

In the case of a dumpster, Sterling Woods Condominium prefers that, if possible, you are to encourage the contractor to remove debris daily instead of using a dumpster. In this case, under no circumstances should debris be left outside overnight. Note that it will be the homeowner's responsibility to make sure that excess debris is properly prepared and stored in the garage or in the contractor's truck and that it is not stored on any part of the common area. There is to be no overflow from the container.

Name of vendor supplying the dumpster or moving container: _____

Address: _____

Phone number: _____ License number: _____

***Note that proof of insurance indemnifying Sterling Woods and worker's compensation certificate must be supplied to the management company with this application. ***

REQUEST FOR THE USE OF A DUMPSTER/POD (a moving/storage container)

The following requirements must be satisfied. Homeowner is to initial each requirement.

- _____ The proper paperwork must be supplied, along with this form, and a \$250 damage deposit, which will be returned upon completion and inspection of the common area by the property manager and/or the board.
- _____ If the dumpster or moving container is to be placed on your driveway, the neighboring homeowner who shares your driveway must be notified.
- _____ The vendor supplying the POD, or the dumpster must provide proof of workman's compensation and liability insurance to Sterling Woods. In addition, the vendor must also indemnify Sterling Woods on the insurance policy.
- _____ The POD or dumpster vendor must be licensed.
- _____ The dumpster or POD must have dumpster pads or thick plywood underneath to prevent damage to the driveway, street, or parking space.
- _____ The dumpster must be covered with a tarp.

Attach to this form any information such as brochures, pictures or literature that will assist the Board in making a decision and a check for \$250 as a damage deposit. The check will be returned to you within 14 days upon an inspection that shows that all terms of this agreement have been satisfied.

Signature of owner

Date

Signature of joint owner

Date

Neighboring Homeowner's signature indicating that he/she has been notified that a moving container or dumpster will be placed on the adjoining driveway:

Board of Managers approval

Date

**Sterling Woods Condominium
HOLD HARMLESS AGREEMENT**

Date _____

We, (I) _____, residing at _____
in Sterling Woods Condominium, Port Jefferson Station, NY 11776, in order to persuade the Board of Managers of Sterling Woods Condominium, Ltd. to approve the following architectural change(s):

_____, hereby agree to hold the Board of Managers and Sterling Woods Condominium, Ltd. and Alexander Wolf & Company, Inc. harmless from any and all damages, claims and/or expenses resulting to the common elements including, but not limited to, the front/rear/side of the unit, adjacent units, and the ground itself by virtue of said architectural change(s) or modification(s) and will pay for any repair thereto.

We (I) further agree to hold the Board of Managers and Sterling Woods Condominium, Ltd. and Alexander Wolf & Company, Inc. harmless for all removal, reinstallation, or maintenance expenses to said architectural change(s) or modification(s) arising out of the Board's need to maintain the common elements at the unit, including but not limited to the front/rear/side of the unit, adjacent units, and the ground itself and to maintain the adjoining common elements and including but not limited to any fires due to the architectural change(s).

In the event the Condominium must, in its discretion, take action to protect its rights in connection with any alterations or additions performed by the Homeowner, the Homeowner, agrees to reimburse the Condominium for all costs and fees associated therewith, including, but not limited to, attorney's fees and court costs.

The Homeowner, will obtain and provide the Condominium with a certificate of insurance and workers compensation from his/her contractors, naming the Condominium and Managing Agent as an additional insured.

We (I) further acknowledge that it is solely our (my) responsibility to comply with any and all requirements mandated by state and local governmental authorities and that the Board of Managers does not, in any way, assume any of that responsibility by approving this Architectural Modification Request.

Signature of owner

Date

Signature of joint owner

Date

STERLING WOODS CONDOMINIUM, LTD.

CONTRACTOR INSURANCE REQUIREMENTS

- I. Certificates of Liability and Workers' Compensation Insurance:** submitted to Management, including the following. Please see the included sample.

| Certificate Holder: | Additional Insured: |
|---|---|
| <i>Alexander Wolf & Company, Inc. Successors, Agents, and/or Assigns One Dupont Street Plainview, NY 11803</i> | <i>Alexander Wolf & Company, Inc. Its Successors, Agents, and/or Assigns One Dupont Street Plainview, NY 11803</i> |
| | <i>Sterling Woods Condominium, Ltd., Its Successors, Agents, and/or Assigns c/o Alexander Wolf & Company, Inc.</i> |

- II. Submit** the foregoing, evidencing compliance with all insurance provisions noted. All certificates shall be delivered to:

Alexander Wolf & Company, Inc.
One Dupont Street, Suite 200
Plainview, NY 11803

Tel. 516.349.0540
Fax. 516.349.7751



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|-------------------------------|----------------|
| PRODUCER License # Sample Certificate Insurance Agency Name & Address | CONTACT NAME: | FAX (A/C, No): |
| | PHONE (A/C, No, Ext): | |
| INSURED Your Company Name Your Company Address | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : Insurance Company | NAIC # |
| | INSURER B : Insurance Company | # |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | X | Policy Number | 00-00-0000 | 00-00-0000 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | X | X | Policy Number | 00-00-0000 | 00-00-0000 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000 | X | X | Policy Number | 00-00-0000 | 00-00-0000 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | Policy Number | 00-00-0000 | 00-00-0000 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Job Name/Number & Location
Sterling Woods Condominium, Ltd., Its Successors, Agents, and/or Assigns, Alexander Wolf & Company, Inc. Its Successors, Agents, and/or Assigns and all other parties as required by written contract are included as Additional Insured on a Primary and Non-Contributory basis on the Automobile Liability, General Liability and Umbrella Liability Policies. Waiver of Subrogation is included on all policies as per written contract.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Alexander Wolf & Company, Inc. Successors, Agents, and/or Assigns One Dupont Street Plainview, NY 11803 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |