

Winston Towers 200 Association, Inc.

2/2003

ALTERATION / WORK REQUEST FORM

I, _____, Unit Owner of apartment _____, hereby request permission to do alterations/work in my apartment unit as detailed below and agree that no work will commence until I have received a countersigned copy of this Alteration/Work Request form from the Association.

If the proposed work includes the removal/relocation of any interior walls, a drawing must be attached to this document existing conditions and proposed changes.

Proposed Start Date: _____ **Completion Date:** _____

Contractor's Name **Contractor's Telephone Number**

Complete this section for the following cosmetic work and cleaning jobs only. (FOR ALL OTHER WORK, complete detailed Room-by-Room scope of work below.)		
CIRCLE Type of Work	CHECK for entire Apartment	Or SPECIFY Room(s)
Painting Only		
Carpet Installation		
Refinishing Wood Floors (Water-base only permitted)		
Replacing glass in Windows (Frames may not be replaced)		
Single Kitchen Appliance Install Specify:		
Window Treatment Installation		
Window Washing		
Carpet Cleaning		
Apartment Cleaning Service		

DETAILED ROOM-BY-ROOM SCOPE OF WORK (Please Print Clearly)
***** SEE PAGE TWO FOR REQUIREMENTS & RESTRICTIONS *****

Kitchen: _____

Master Bathroom: _____

Second Bathroom: _____

Third Bathroom: _____

All Other Rooms (bedrooms & living room) & Terrace, please specify: _____

*Terrace enclosure and terrace flooring specifications/requirements are available from the Management Office. Due to exterior paint requirements, paint for terrace walls/floors must be purchased from Association.

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*** SCOPE OF WORK REQUIREMENTS AND RESTRICTIONS***

The detailed scope of work must indicate any fixtures/appliances being removed and their replacement. It must also indicate that the fixtures/appliances will be replaced in their original location. Due to the location of the drain, stall showers may not be replaced with bathtubs. Approval on faucet types is required. The Association does not permit the relocation of wet fixtures (bathtubs, showers, toilets, sinks and dishwashers) beyond the walls of the original room layout. Due to the location of the kitchen exhaust system, stoves/ovens may not be moved from their original location. The Association further does not permit the installation of Jacuzzis/Whirlpools, washing machines, clothes dryers or garbage disposals.

1. Prior to the commencement of work, I shall obtain from each contractor, a Certificate of Insurance reflecting comprehensive liability and property damage insurance with a minimum of \$1,000,000 coverage. The Certificate of Insurance must name Winston Towers 200 Association, Inc., and Taylor Management Company, and the unit owner as "additional insureds." The certificate holder should be Winston Towers 200 Association, Inc. A copy of the contractor's Workman's Compensation Insurance must be provided covering all contractors and subcontractors.

For small jobs, at the discretion of the Association, by its Managing Agent, the Association may waive the requirement to be named as Additional Insureds, however, a Certificate of Insurance for the contractor(s) must be provided. I hold harmless the Association and its Managing Agent for any damage or injury in connection with this work.

2. I agree, if required, to obtain Building Permit(s) from the Borough of Cliffside Park.
3. I will ensure that my contractor(s) abide by the following regulations:
 - Contractors may only work in the building Monday-Friday (9:00 AM – 5:00pm PM) and Saturdays (11:00 AM – 5:00 PM). There is no work on Sundays and/or Holidays.
 - Contractors must use the back service entrance/service elevator at all times.
 - Contractors must obtain daily parking passes and park in the visitor's parking lot. In addition, they must obtain daily ID stickers which must be worn at all times.
 - The contractor may not disconnect the public announcement speaker in the apartment. If the contractor is found to have done so, I will be responsible for its immediate repair and associated costs along with a \$250.00 fee which will be billed to me on my maintenance account.
 - Under no condition shall any bathroom or kitchen ventilation shaft be penetrated.
 - Shut-off valves are not permitted on bathtub/shower water lines. Only integral stops are permitted.
 - The use of jackhammers and other pneumatic tools are prohibited.
 - All rubbish, discarded appliances/fixtures, old carpeting, empty packing cartons, or other materials must be promptly removed from the building (no materials whatsoever may be left in the compactor rooms, basement or back service area.)
 - Contractors may not store any materials/equipment on the terrace or in any common areas of the building including the hallway or basement.
 - The contractor must take precautions to prevent dust and dirt from permeating into the hallway and other common areas of the building. Any debris in the hallway/common area caused by the contractor must be cleaned up immediately. The apartment door must be kept closed and sealed, if necessary. If the contractor causes the fire alarm to be activated due to dust/dirt in the hallway, I understand that there will be a \$250.00 fee which will be billed to me on my maintenance account.
 - Only water-base finish may be used on wood floors.
4. I understand that, if necessary for the work, I will submit the water shut-off request in writing to the Management Office at least 48 hours beforehand and further understand that it will be permitted based on availability.
5. I acknowledge that you may designate an architect and/or engineer to review the plans and specification for the work and subsequent to observe the work to insure that all work conforms to the plans and specifications previously approved and agree to pay the associated fees and expenses. I will provide access to these professionals, the Building Superintendent and the Managing Agent for inspections and will undertake to make all corrections specified as result of such inspections.

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- 6. I agree that the Superintendent has the authority to order work suspended, in part or entirety, if he has reason to believe that any aspect of the work being done is unauthorized or unsafe or if he believes there is a failure to cooperate with the building's regulations. The suspension shall continue until all responsible parties can agree to an acceptable solution.
- 7. I agree that the contractor(s) that I engage to do repair work or renovation work in the apartment, shall be duly licensed with the applicable State or local authorities (i.e a plumber or an electrician) and shall indemnify, hold harmless and defend Winston Towers 200 Association, Inc. from any and all claims for injury or damage to person or property resulting from any of the actions by or the repairs or renovation work of the contractor(s).
- 8. I agree that in no event shall the Association and/or its Managing Agent be liable for any injury, theft, damage or loss of property from any cause whatsoever or for any injury to any person in or entering the building or the apartment during the performance of the work. I hereby indemnify and hold harmless Winston Towers 200 Association, Inc. and shall defend it from any and all claims for injuries or damages to person or property resulting from any of the actions by or the repairs or renovation work performed by me or my contractors in my units.
- 9. I assume all risks of damage to the building and its mechanical and electrical systems, and to persons and property in the building which may results from or be attributable to the work being performed hereunder and all responsibility for maintenance and repair of any alterations and installation after completion. This risk of damage covers without limitation all work, whether directly or indirectly affected by the work, and the maintenance of plumbing, electrical and other equipment installed or altered pursuant hereto. If the structure or operation of the building, or any of its equipment is adversely affected by the work, I shall, when so advised, promptly remove the cause of the problem or, if there is any damage in any way whatsoever to the building, its machinery or equipment, I shall reimburse you for the cost or restoration and repairs.
- 10. I, and my successor(s)-in-interest, shall assume full responsibility for the work and costs in connection with the maintenance, repair, restoration or replacement of any portion of the apartment affected by the work and for future repair and maintenance of the plumbing, electrical work associated with this alteration and any equipment installed as part of the work. I further agree that I, and my successor(s)-in-interest, shall bear any and all costs for any plumbing leaks or other conditions which cause damage to the common areas of the building or other apartments in the building, if such leakage or damage results from the work or the equipment installed as part of the work. I, and my successor(s)-in-interest release the Association, the Managing Agent, the Association's agents and employees from any liability for damage to the portions of the Apartment affected by the work which may occur in the performance of building maintenance repairs.
- 11. I understand and agree that if any of the work or improvements are done to the terrace, which I acknowledge is a limited common element, including but not limited to ceramic tile, wood decking or similar covering, and said improvement must be removed in order for the Association to make repair to the terrace, it shall be my responsibility and my successor(s)-in-interest responsibility to remove the Improvement and replace same, at me and my successor(s)-in-interest sole cost and expense.
- 12. I recognize that by granting consent to the work, you do not profess to express any opinion as to the design, feasibility or efficiency of the work.
- 13. Any changes to the proposed work outlined in this agreement must be submitted in writing for review and approval.

Unit Owner's Full Name (PRINT)

Unit Owner's Signature

Apartment Number: _____

Date: _____

Approved / Disapproved

Winston Towers 200 Association, Inc.
Property Manager as Agent for the Association by: _____

Winston Towers 200 Association, Inc.

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CONTRACTOR WORKING HOURS

MONDAY – FRIDAY

9:00 AM – 5:00 PM

SATURDAY

11:00 AM – 5:00 PM

**CONTRACTORS ARE NOT PERMITTED TO WORK IN THE BUILDING ON SUNDAYS
AND THE FOLLOWING HOLIDAYS:**

New Year's Day
Martin Luther King Day
Presidents' Day
Passover
Good Friday
Memorial Day
Independence Day
Labor Day
First Day of Rosh Hashanah
Yom Kippur
Thanksgiving Day
Christmas Day

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CERTIFICATES OF INSURANCE FOR WINSTON TOWERS 200 ASSOCIATION, INC ARE TO BE WORDED AS FOLLOWS:

The Following are the requirements for Winston Towers 200 Association:

Comprehensive General Liability

Bodily Injury/Property Damage – Single limit of \$1,000,000 with aggregate of \$2,000,000

Workers Compensation

Minimum state statutory limits – owner must be included

Comprehensive Automobile Liability

Bodily Injury/Property Damage – Minimum \$1,000,000 coverage

Umbrella Liability

Bodily Injury/Property Damage – Single Limit of \$1,000,000 with aggregate of \$1,000,000

Description of Operations:

Additional Insured: Winston Towers 200 Association Inc & Taylor Management Company

Certificate Holder:

Winston Towers 200 Association Inc.
C/o Taylor Management Company
80 South Jefferson Road, 2nd Floor
Whippany NJ 07981

Thank you,

Kevin Guzman

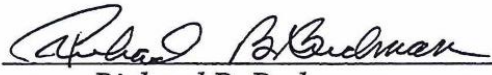
Community Administrator

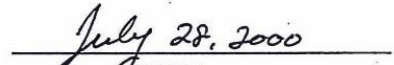
Email: kguzman@taylormgt.com

**ALC ENVIRONMENTAL INCORPORATED
CERTIFICATE OF LEAD-BASED PAINT
COMPLIANCE**

Winston Towers 200

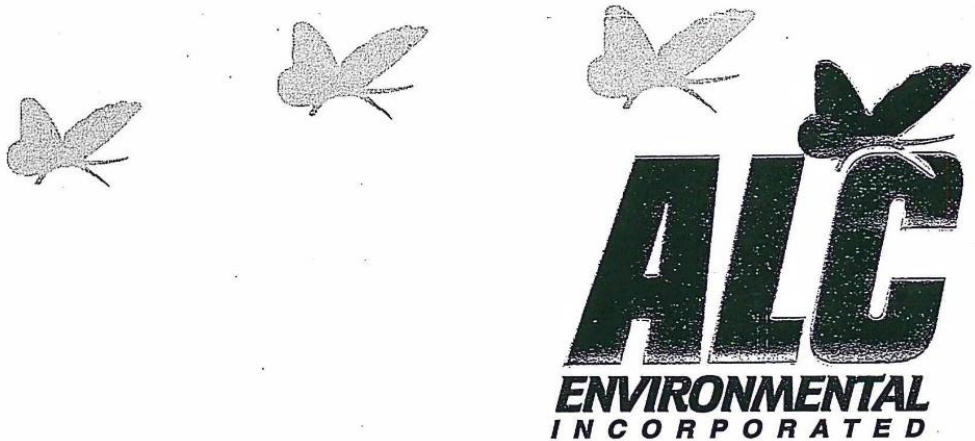
I hereby certify that on July 28th, 2000 I performed a Lead Inspection on the common areas at Winston Towers 200, 200 Winston Drive Cliffside Park, NJ. The common areas are free of lead paint except for the doors and door casings.


Richard B. Budman


DATE

License & Permits

NJDOH LI/RA License No. 004022



The First Choice for Environmental Testing & Consulting

ALC ENVIRONMENTAL
CERTIFICATE OF LEAD-BASED PAINT COMPLIANCE

WINSTON TOWERS 200
200 Winston Drive, Cliffside Park, NJ

I hereby certify that from July 24, to July 28, 2000, I performed lead inspections in the apartments of the above dwelling. The results indicate that no lead was found in amounts greater than or equal to 1.0 mg/cm² in paint on apartment components. The inspections were done using XRF analysis according to the protocol in Chapter 7 of the HUD Guidelines (1997 revision). Therefore, the apartments qualify for the exemption in 24 CFR part 35 and 40 CFR part 745 for target housing being leased that is free of lead-based paint, as defined in the rule. However, some painted surfaces may contain levels of lead below 1.0 mg/cm², which could create lead dust or lead contaminated soil hazards if the paint is turned into dust by abrasion, scraping or sanding.

A. R. Blake
A. R. BLAKE

Aug 30, 2000
DATE

License & Permits

NY Radioactive Material License No. 2734-3982

Borough of Cliffside Park



FIRE PREVENTION BUREAU
CLIFFSIDE PARK FIRE DEPARTMENT
525 Palisade Avenue
Cliffside Park, New Jersey 07010

(201) 313-2062

APRIL 19, 2007

TO:200 WINSTON TOWERS ASSN.
ATT:MANAGEMENT OFFICE
RE:CONTRACTORS ACTIVATION FIRE ALARMS

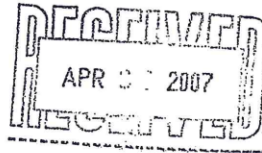
PLEASE BE ADVISED THAT FROM THE DATE OF THIS LETTER ANY CONTRACTOR
ACTIVATING THE FIRE ALARM SYSTEM DURING CONSTRUCTION WILL BE ISSUED
A PENALTY UNDER THE THE NEW JERSEY UNIFORM FIRE CODE N.J.A.C. 5:70
2.12-10-E. THE PENALTY WILL BE \$ 500.00 FOR FIRST OFFENSE AND THE FINE
WILL DOUBLE ON EVERY ACTIVATION.
PLEASE ADVISED THE CONTRACTORS TO USE ALL PRECAUTIONS NECESSARY
TO PREVENT FALSE ACTIVATIONS.
IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THIS OFFICE.

FRANK POERIO



FIRE OFFICAL

CC;FILE



LEAD HAZARD FREE CERTIFICATE

It is hereby certified that a lead paint inspection/risk assessment has been performed in accordance with the protocol referenced in N.J.A.C. 5:17-3.2(c) and the results of which indicate that no lead hazards have been found in the dwelling units or common areas listed below. It shall be the owner's responsibility to perform any required on-going evaluation and maintenance to ensure that these areas remain in a *Lead Hazard Free* condition.

This certificate should be kept by the owner and transferred to all future owners for the life of the structure.

Address 200 WINSTON DRIVE CLIFFSIDE PARK NJ 07010

Site Address

Applicable Units or Common Areas:

ALL INTERIOR OF DWELLING UNITS

Insp/RA Name
RAFAEL WAXMAN

NJ DOHSS Permit #
022887

Firms DCA Certification #00430E
Firm Name and Address
AAA LEAD PROFESSIONALS
137 BRISTOL CT
LAKEWOOD NJ 08701



Insp/RA {signature}

Date Issued 04/03/13

Date Issued



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

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 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 Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O Box Insurance Agent/Broker City, State & Zip Code	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INSURED	INSURER(S) AFFORDING COVERAGE
Vendor Name Vendor Street Address or P.O Box Vendor City, State & Zip Code	INSURER A: Name of Insurance Company Enter NAIC #
	INSURER B: Name of Insurance Company Enter NAIC #
	INSURER C: Name of Insurance Company Enter NAIC #
	INSURER D: Name of Insurance Company Enter NAIC #
	INSURER E: Name of Insurance Company Enter NAIC #
	INSURER F: Name of Insurance Company Enter NAIC #

COVERAGES **CERTIFICATE NUMBER: 244176000** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT State Minimum
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE State Minimum
	Disability Policy						E.L. DISEASE - POLICY LIMIT State Minimum
							Coverage Statutory

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 "Association Name" & Taylor Management Company named as additional insured for general liability.

CERTIFICATE HOLDER Winston Towers 200 Association Inc. c/o Taylor Management Company 80 South Jefferson Road, 2nd Floor Whippany NJ 07981	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 mails written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. AUTHORIZED REPRESENTATIVE
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