

**Morningside Condominium Association  
Work Authorization/Remodel Request Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Building: \_\_\_\_\_ Unit: \_\_\_\_\_  
(Work site address)

Request Date: \_\_\_\_\_

NOTICE: Please note that Morningside Condominium Association is of **“Post Tension Cable”** construction and contractors need to be made aware of this **prior to** construction (Refer to Declaration and Rules and Regulations for more detail).

Nature of work: (Describe)

**(If construction is required, please submit drawings and/or plans.)**

---

---

---

---

Primary Contractor(s): \_\_\_\_\_

Secondary Contractor(s): \_\_\_\_\_

Estimated days of construction: \_\_\_\_\_

Elevator shut off required? \_\_\_\_\_ Water shut off required? \_\_\_\_\_

**DISCLOSURES:**

- 1) Hours of work are Monday-Friday 8:00 am to 5:00 pm, Saturday 10:00 am to 3:00 pm and no Sundays or Holidays. **Water shut-offs must be scheduled at least 2 days in advance and must be done during normal business hours of Monday-Friday 7:30 AM – 4:30 PM.**
- 2) Elevators cannot be used to transport materials before 7:30 AM or after 4:30 PM.
- 3) **If work requires drilling or fastening into the ceiling or floor, post tension cable x-rays are required. Please contact management office for directions.**

**APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

---

---

---

---