



**FirstService**  
RESIDENTIAL

# ARCHITECTURAL / RENOVATION REQUEST FORM

**THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO COMMENCEMENT OF ANY IMPROVEMENTS, MODIFICATIONS, ETC.**

**(All requested information must be included, or the form will be returned to you for completion)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_\_) \_\_\_\_\_

**\*\*All flooring modifications must meet a minimum requirement of 6 mm cork underlay or the equivalent of IIC (Impact Insulation Class) rating of 73 and STC (Sound Transmission Class) rating of 73\*\***

Application is submitted for review and approval of the following described renovations. Anything not listed here and not clearly shown on plans and specifications will not be a part of this review.

Please circle all that apply:

Flooring      Plumbing      Electrical      Structural      Landscaping

Supply Details:

In support of this application, the following required items must be submitted:

- A copy of plans and specifications
- A copy of building permits if applicable
- A list of materials, types of surfaces/finishes, colors, dimensions etc.
- Acoustic underlay specification sheet

☐ **I agree that all renovation materials will be taken off-site for disposal and will not be put into the garbage bins located at the property.**

If application is incomplete, the reviewer will notify the applicant as to the needed documents or information and the application will not be further considered until receipt of these materials or information.

I will assume the responsibility of any work under the proposed above improvement that I, or my licensed contractor, may accomplish which may, in the future, adversely affect the common area. I will assume responsibility for all future maintenance of this addition and/or improvement. I will ensure that any / all materials that are a result of the renovation shall be removed from the property and not disposed of in the regular on-site garbage areas.

**\*\*RENOVATIONS MAY ONLY TAKE PLACE DURING THE HOURS OF 9 AM – 6 PM\*\***

**\*Please refer to your property's policies to ensure there are no weekend restrictions\***

Homeowner's Signature: \_\_\_\_\_

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

Board Signature: \_\_\_\_\_

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

**Please return completed form to:**

1100, 840 7th Avenue S.W. | Calgary, AB T2P 3G2

Tel 403.299.1810 | Fax 403.299.1813

[AdminTeam.AB@fsresidential.com](mailto:AdminTeam.AB@fsresidential.com)