LEISURE KNOLL ASSOCIATION, INC. APPLICATION FOR EXTERIOR WORK

Date: _		Permit#:	Model:	
<u>Applica</u>	ation must be in triplicat	<u>e.</u> No work may be started ur	all parts are completed and requested infornitil this application is approved by the Archi 300.00) fine to the homeowner.	
Owner	's Name	Address	Phone #	
Contra	ctor's Name	Address	Phone #	
Suffolk	License # Liabili	ty Insurance Expiration Date <u>REQUIF</u>	Workman's Compensation Expiration I	Date
1.	Application is made for	or the purpose of		
			(provide sample of paint	, roof & vinyl siding)
2.	A copy of the homeowner a	as the certificate holder.	ity & Workman's Compensation Insurance I	
3.	Any debris generated	by the contractor <u>must</u> be rem	oved by the contractor.	
4.	understands and agre operations. No work i	es that any change or addition s to be performed on Sunday	n and 6:00 pm, Monday through Saturday. The must not interfere with the Association's nown are used to be used	rmal maintenance responsibility to
5.	of Leisure Knoll's By-L certain that all work co proposed changes. In	aws, they are totally responsite implies with local building code addition, they are required to	sisted by family members, etc. in addition to ble for obtaining all building and other permit es and any government agency code having sign a form to hold Leisure Knoll harmless f d from the Architectural Committee or the A	s and for making jurisdiction over rom any damages
6.	defect as it sees fit. If	the owner fails to correct such	with this permit, the Association has the righ defect within thirty (30) days of official notif ted costs shall be borne by the owner and a	ication, the
Home	owner's Signature:			
THIS A	APPLICATION HAS BE	EN APPROVED:	DISAPPROVED:	
Archite	ectural Committee:		Date:	
Comp	letion Date			

WHEN WORK IS COMPLETED CALL 631-929-5628 -LEAVE A MESSAGE

LEISURE KNOLL ASSOCATION, INC.

ARCHITECTURAL COMMITTEE

PERMIT #	
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DISCLAIMER

Home	eowner's Address	
as requested in Paragraph 5 of the Applica	ation for Exterior Work submitted by:	
Home	eowner's Name	
nt Name and Address of Worker		
nature of Worker	Signature of Homeowner	
te:	Date:	