

**Subject:** Unit Modifications and Renovations  
**Date:** Friday, September 3, 2021 at 4:15:10 PM Mountain Daylight Time  
**From:** Truman Homes  
**Attachments:** GATEWAY - Modification - Applications.pdf, image001.png

Dear Residents,

Please note it is absolutely necessary to advise of any renovations or minor modifications being made within your home.

The attached form must be completed and returned and approval granted by the Condominium Corporation PRIOR to any work being done.

Thank you for your cooperation.

Have a great day.



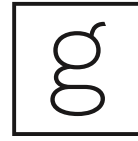
**info@trumanhomes.com**

2236 - 10 Aspen Stone Blvd SW  
Calgary, Alberta T3H 0K3

**P** 403.240.3246

**F** 403.240.4570

trumanhomes.com



## RENOVATION APPLICATION

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**In-unit renovations must be approved by Gateway Condos prior to commencing work.**

### Renovations Guide:

- If you are installing hardwood flooring, ceramic tile or another similar type of flooring product, you must meet the STC (Sound Transmission Class) rating of no less than 50.
- You must provide Gateway Condos with the name of the contractor(s) retained for any work associated with the renovation and confirm liability insurance and WCB coverage.
- The waste bins provided by Gateway Condos are strictly not to be used for renovation debris. You are responsible to remove all renovation debris from the site and ensure disposal at City designated dump grounds.
- Work hours are restricted in accordance with Gateway Condos Bylaws. Please review the permitted working hours prior to starting any work.

Please complete this form and send it via email to Gateway Condos no later than 5 business days prior to the estimated start date. Gateway will send a reply within the following 5 business days to confirm if the Board has approved your request or if approval is pending.

Building Name: **Gateway** \_\_\_\_\_ Building Number (*if applicable*): \_\_\_\_\_

Suite: \_\_\_\_\_

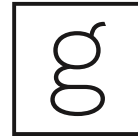
Owner: \_\_\_\_\_

Email & Phone: \_\_\_\_\_

Contractors Name: \_\_\_\_\_

Contractors Phone: \_\_\_\_\_

Contractors WBC Number: \_\_\_\_\_



## RENOVATION APPLICATION

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Select which applies:

- Copy of contractor's Liability Insurance Certificate attached
- Copy of Personal General Liability Insurance attached

STC Rating *(if applicable)*: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Scope of Work Planned for Renovation: \_\_\_\_\_

As Owner of Unit #\_\_\_\_\_, in providing a completed copy of this renovation application I acknowledge that the renovations I undertake will be completed in compliance within the guidelines of this application and in accordance with requirements of the Bylaws of Gateway Condos and that I will attain any required permits from the local governing authority prior to commencement of any work.

I confirm that my contractor carries adequate liability insurance and WCB coverage. In absence of a contractor, any work I undertake directly will be covered under my personal liability insurance as I acknowledge that I will be held responsible if any damage is caused to other Units and/or common property.

In compliance with provisions of the Bylaws of Gateway Condos, notice may be given for a Board member or representative to attend the Unit to verify adherence to the application.

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