

**ASSOCIATION OF APARTMENT OWNERS  
OF MAKAHA VALLEY TOWERS**

For office use only:  
Date received by  
General Manager:

Initials: \_\_\_\_\_  
Rev. 10/11/2019

**Application to Perform Repairs to Apartments**

Date submitted: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Unit owner's name(s): \_\_\_\_\_

Please print clearly

Unit owner's address:

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

**IMPORTANT NOTICE**

**THE PURPOSE OF THIS APPLICATION IS TO NOTIFY THE ASSOCIATION THAT REPAIRS WILL BE MADE TO THE SUBJECT UNIT. THIS FORM SHALL NOT BE USED IF CABINETS OR WALLS WILL BE REPLACED, OR FOR PROPOSED ALTERATIONS OR ADDITIONS TO ANY UNIT OR COMMON OR LIMITED COMMON ELEMENT. THE DESIGN REVIEW APPLICATION FOR APPROVAL OF MODIFICATIONS MUST BE USED FOR REPLACEMENT OF CABINETS OR WALLS OR ALTERATIONS OR ADDITIONS TO A UNIT OR COMMON OR LIMITED ELEMENT.**

**I. DESCRIPTION OF PROPOSED REPAIRS**

PLEASE LIST EACH REPAIR SEPARATELY. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED. (You must list the specific rooms involved. If you are changing flooring, please list the type that currently exists in your unit and the type of replacement flooring that you intend to install).

<b>Repair #1</b>
<b>Repair #2</b>
<b>Repair #3</b>
<b>Repair #4</b>

## II. AREAS OF APARTMENT TO BE REPAIRED

If any repairs will be performed on the items described below, insert a "✓" or "X" below. If you fail to insert a "✓" or "X", this will be a representation that you will not repair the item.

	Kitchen	Bath room	Entry/ Hallway	Bedrooms		Studio	Living Room	Lanai
				1	2			
Hard surface flooring								
Carpeting								
Range								
Vent Hood								
Dish washer								
Disposal								
Other appliances								
Cabinets								
Countertops								
Lighting								
Electrical outlets								
Electrical lines								
Electrical switches								
Other electrical work								
Drywall/sheet rock								
Existing walls								
Ceilings								
Tub/shower								
Sink								
Toilet								
Plumbing system								
Electrical system								
Painting								
Doors								
Windows								
Phone/cable TV line								

Note: Depending upon the nature of the proposed repair work, owners may be required to obtain a building permit issued by the City and County of Honolulu, Department of Planning and Permitting, and/or approvals from other government agencies, and licensed contractor(s) may be required to perform the work. If a building permit is required by the Department of Planning and Permitting, provide the Association with a copy of the building permit.

**INFORMATION RELATED TO LICENSED CONTRACTORS/DESIGN PROFESSIONAL:**

Name of Contractor(s) or Design Professional(s)	License Number	Type of Contractor (e.g., general building, electrical, plumbing, etc.)

**Schedule of repair work:**

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**ACKNOWLEDGEMENT**

I/we understand that the only work to be performed is for repairs to my/our unit. I/we am/are **not** authorized to begin any work or to make any modifications to the unit:

I/we hereby certify that I/we have read, understand, and agree to comply with the requirements stated above.

Signature(s) of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_