

BUILDING IMPROVEMENT REQUEST FORM

Dear Owner/s,

It is at the discretion of your Body Corporate Committee, subject to the Body Corporate By-Laws, to approve or deny any application from an Owner/s for building improvements.

For an application to be considered by the Body Corporate Committee, please complete the form below with a detailed description of the improvements you are requesting. This form will be forwarded to the Committee for consideration.

When completing this form, please be aware of the following:

- The outcome of this application is subject to the Body Corporate By-Laws and a decision of the Body Corporate Committee.
- Please complete all fields for the Body Corporate Committee to consider this application. If you require assistance with this application, please contact our office by emailing info@peakbcm.com.au.
- All applications and supporting documents must be consolidated into **ONE PDF** document, ensuring all relevant fields are filled in and submitted to info@peakbcm.com.au. **Incomplete applications will not be actioned.**
- If you have obtained any quotes or third-party information regarding your request, please attach to this application.
- Upon signing this application, the applicant agrees they have reviewed and understand the terms and conditions outlined on page 4.

Building Request Details	
Building/Scheme Name	
CTS Number	
Lot Number	
Your Name/s	
Street Address	
Suburb, State and Postcode	
Phone/Mobile	
Email	
Location of Improvement: Plans Enclosed?	
Details of Improvement:	
Are any other Units affected? <i>(if yes, please specify)</i>	
Signature of Applicant:	
Date:	
Consolidated Application Documents (REQUIRED): <ul style="list-style-type: none"> <input type="checkbox"/> Completed & Signed Application Form <input type="checkbox"/> Diagram or Picture of Proposed Plans <input type="checkbox"/> Tradespersons Insurance for Works & Workers <input type="checkbox"/> Quotations or Specifications of Works <input type="checkbox"/> Engineers Report <i>(if applicable)</i> <input type="checkbox"/> Acoustic Sound Rating Report <i>(required for flooring works)</i> 	

Building Request Details

Please draw or attach a sketch to highlight the affected area of the building / common property, to accompany your request.

Terms and Conditions

1. That the installation is undertaken by a licenced professional
2. The lot owner is responsible for the ongoing maintenance, repairs, replacement and insurance of the improvement. This condition is transferred to any subsequent owners of the subject lot
3. That the owner must notify the Caretaker/Building Manager the working hours the contractor will be undertaking the renovations
4. That the contractor/s exhibit and implement all WHS requirements relevant to the Work Health Safety Act 2011
5. That the installation complies with the scheme's by-laws
6. The relevant statutory approvals be obtained from Gold Coast City Council and a copy provided to the Body Corporate prior to commencement of any work
7. That the owner indemnifies the Body Corporate of any action arising from the installation
8. If the lot owner fails to comply with the conditions of the approval or the Body Corporate by-laws, the committee may rescind this approval. If the committee rescinds this approval, the owner of the subject lot must remove the improvement in its entirety and repair any areas affected to their prior condition at the cost of the lot owner.

Applicant's Name: _____ Applicant's Signature: _____

Lot Number: _____ Unit Number: _____

Please address your application to:

Peak Body Corporate

PO Box 9215

GCMC QLD 9726

Or email to: info@peakbcm.com.au
