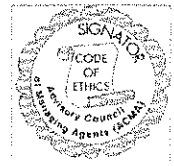


440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528

T: 914.813.1900
F: 914.813.1919

www.stillmanmanagement.com



Dear Shareholder:

Enclosed please find the Capital Improvement agreement for **Oriente Gardens Owners, Inc.** Please read, sign and return this form to the attention of **Victoria Khan** at Stillman Management Realty Corp. along with the following required documents:

1. A description of the work you will be doing, for Board approval.
2. Any plumbing work and/or electrical work must be done by licensed plumbers and electricians, all necessary permits must be obtained before work may begin, (certificate of insurance must be included).
3. Contractors and/or painters must be **EPA certified** if they will be performing work that disturbs any painted surfaces (more than 6 square feet). A copy of this new rule is attached.
4. General contractor's certificate of insurance and copy of license.
5. Deposit check for in the amount of **\$500.00** payable to **Oriente Gardens Owners Inc.** is required and will be deposited and cashed and return upon completion of work and submission of Certificate of Compliance from the building department.
6. Application processing fee for **\$300.00** made out to **Stillman Management Realty Corp.**
7. Indemnification form (must be signed by the shareholder and all contractors).
8. **Contractor, plumber and electrician must carry Contractual Liability. Attached is a list of insurance carriers that sometimes exclude this coverage. The contractor can request their carrier to add the following to their certificate: "No exclusion for contractual liability or injury to employees" in the "Description of Operations" section. Contractor's will not be approved to do work in your unit if they do not have this clause written in their COI.**

Note: All kitchens, bathrooms and any structural work requires a permit from the Building Department.

Before approval may be granted, the alteration agreement must be submitted with the all completed documents listed above. The certificate of insurance must read as follows: **Oriente Gardens Owners, Inc. and Stillman Management Realty Corp. listed as additional insured. Sample provided.**

Upon completion of all work, the shareholder is responsible for closing all permits and submitting to Stillman Management Realty Corp. a copy of the Certificate of Compliance from the building department.

Deposit checks will not be returned until all paperwork is completed and submitted.

Thank you for your attention to this matter.

Sincerely,

Stillman Management Realty Corp.

CAPITAL IMPROVEMENT CHECKLIST

* EACH ITEM MUST CHECKED OFF AND INCLUDED IN ORDER TO AVOID AN INCOMPLETE APPLICATION*

Resident _____
Building _____ Apt # _____
Phone _____ Alt Phone _____

CERTIFICATE OF INSURANCE (LIABILITY & WORKERS COMPENSATION)

- _____ General Contractor
- _____ Electrician
- _____ Plumber

COPY OF LICENSE

- _____ General Contractor
- _____ Electrician
- _____ Plumber

DESCRIPTION OF WORK, PLANS

- _____ General Contractor
- _____ Electrician
- _____ Plumber

OTHER

- _____ Alteration Agreement
- _____ Indemnification Form (contractor, plumber and electrician)
- _____ EPA Certification
- _____ COVID FORM
- _____ Permit (if applicable)
- _____ Renovation Deposit (written out to Building)
- _____ Application Fee (written out to Management Company)

NOTES:

ORIENTA GARDENS OWNERS INC.

UNIT ALTERATIONS / RENOVATIONS / REPAIRS

APPLICATION

This form must be submitted to obtain approval for all Alterations/Renovations/Repairs, within Orienta Gardens Units. No work may be performed until written approval has been received.

Owner: _____ Building _____ Unit #: _____
Day/Evening Phone _____ Cell Phone _____

Type of Alteration/Renovation/Repair that you are requesting to be performed in your unit (please attach drawings or copy of plans)

Licensed Contractor performing work: (use new application for each contractor)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Contact: _____

Please provide the following:

- (1) Contract (prices may be deleted or omitted)
- (2) Contractor's License(s)
- (3) Contractor's Certificate of Insurance for Liability, Workmen's Compensation & Disability Policies naming the **Orienta Gardens Owners Inc. and Stillman Management Realty Corp.** as additional insured.
- (4) Hold Harmless Agreement (Each contractor must sign a hold harmless agreement)
- (5) Building Permit(s) if required by local regulations.
- (6) Minimum Damage/Security Deposit (\$500) (subject to paragraph 4 of procedures)
- (7) Proposed work dates.

ORIENTA GARDENS OWNERS INC.

UNIT ALTERATIONS / RENOVATIONS / REPAIRS

PROCEDURES

The proprietary lease prohibits alterations, structural additions or improvements to the unit without written consent of the Board of Directors.

The following procedures for the renovation/alteration/repair of a unit must be complied with:

A. NECESSARY APPROVALS AND RESPONSIBILITIES

1. Any unit Owner who intends to make any renovation or alteration to a unit, including, but not limited to, carpentry, plumbing, electric, etc., shall complete the application form and deliver it to the Managing Agent for approval. The application shall be accompanied by:
 - a. Plans(s) and drawings of proposed work, drawn to scale.
 - b. Copies of contracts with contractors and or subcontractors with addresses and phone numbers.
 - c. Certificates of Insurance from contractors and subcontractors:
 - i. Naming **Orienta Gardens Owners Inc. and Stillman Management Realty Corp. as additional insured.**
 - ii. Must indicate a minimum of one million dollars (\$1,000,000) in general liability,
 - iii. Must indicate proof of workers compensation and disability policies;
 - d. Building Permit(s) and all other municipal approvals – if required by law;
 - e. A check made payable to Orienta Gardens Owners Inc. in the amount of \$500 as minimum Damage Security Deposit; (also see no. 4 below)
 - f. Construction Schedules; and,
 - g. Contractor License(s).
 - h. Coop's Hold Harmless Agreement, signed by Owner and Contractor.
2. Written consent from the Cooperative must be obtained prior to the commencement of any work.

ORIENTA GARDENS OWNERS INC.

UNIT ALTERATIONS / RENOVATIONS / REPAIRS

PROCEDURES

B. RESPONSIBILITIES

1. In order to allow for the timely processing of requests the Management Company must be allowed a minimum of 6 business days to respond to your request. Do not schedule work with your contractors until you have received written approval of your request.
2. The Shareholder shall be solely responsible for the costs of any engineer(s) or other professional (s) employed by the Board of Directors to review application and or plans in connection with any proposed renovation or alteration, and such person's opinion regarding the necessity of a building permit shall be binding. If this is required, you will be notified prior to the engagement of the professional.
3. On a case by case basis the Cooperative may require a greater damage security deposit than \$500, depending upon the extent of the renovation or alteration.
4. Any renovations and/or alterations resulting in damage to an adjoining apartment or common area shall be the responsibility of the Shareholder conducting the work.
5. Any damage, which is a result of the Shareholders work, must be repaired to the satisfaction of the Board within 10 business days of receipt of written notice of such damage. If the Unit Owner fails to repair such damage within this period of time the Board may make arrangements to have such damages repaired. The costs of such repairs will be deducted from the Damage Security Deposit and any balance remaining will be charged to the Unit Owner's maintenance account.
6. The hours of work are limited to 8:30 a.m. to 5:00 p.m., Monday through Friday. **No work may be performed on Saturdays, Sundays or Holidays.** The only exception to this rule is that painting may be performed on Saturdays. (Holidays are: New Years Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Rosh Hashanah, Yom Kippur, Columbus Day, Election Day, Veteran's Day, Thanksgiving Day and Hanukkah and Christmas Day.)
7. The Shareholder shall be solely responsible for the prompt removal of any rubbish or debris caused by such renovation or alteration.
8. Alterations performed without written approval will be subject to a monetary penalty, plus any additional cost incurred through enforcement, to be paid by the Shareholder and considered maintenance charges, without limitations, including legal fees.

ORIENTA GARDENS OWNERS INC.

UNIT ALTERATIONS / RENOVATIONS / REPAIRS

PROCEDURES

B. RESPONSIBILITIES (Continued)

9. Shareholders performing work are required to notify units adjoining and across the hall, as well as directly below.
10. All contractors must check in and out with the building Superintendent or Doorman.
11. Floor finishes must be water based.
12. Work that requires water shutdowns within the building must be scheduled, with the Superintendent, a minimum of 6 business days in advance in order to allow adequate time to notify other residents within the building. This scheduling is the responsibility of the shareholder.
13. When the work to be performed involves changes to the plumbing in the kitchen and/or bathroom(s) new/additional shut off valves must be installed at the time of renovation.
14. No materials or refuse may be stored in the hallways or stairwells of the building. All materials must be kept within the unit.
15. Shareholder shall be responsible for providing access to the Superintendent, and or management, for the purpose of inspecting job progress and the scope of work being performed. Access may be required at any time during the job and at its completion.

ORIENTA GARDENS OWNERS INC.

CONTRACTOR/VENDOR RULES AND REGULATIONS

* * * (RESIDENT – GIVE THIS TO YOUR CONTRACTOR) * * *

All contractors/vendors that provide services to Orienta Gardens and/or the residents of Orienta Gardens are required to comply with the following rules:

1. No contractor/vendor may perform any work within the complex without first receiving written approval from the Cooperative.
2. Construction Schedules must be provided to the cooperative for all work that is being performed.
3. All contractors/vendors must provide an Executed copy of the Coop's Hold Harmless Agreement.
4. The hours of work are limited to 8:30 a.m. to 5:00 p.m., Monday through Friday. **No work may be performed on Saturdays, Sundays or Holidays.** The only exception to this rule is that painting may be performed on Saturdays. (Holidays are: New Years Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Rosh Hashanah, Yom Kippur, Columbus Day, Election Day, Veteran's Day, Thanksgiving Day and Hanukkah and Christmas Day.)
5. All contractors/vendors must check in and out with the building Superintendent or Doorman daily.
6. Floor finishes must be water based.
7. Work that requires water shutdowns within the building must be scheduled a minimum of 6 business days in advance in order to allow adequate time to notify other residents within the building.
8. Contractor is responsible for providing the Superintendent with 24-hour notification of the material deliveries and if elevator pads are required.
9. When the work to be performed involves changes to the plumbing in the kitchen and/or bathroom(s) new shut off valves must be installed at the time of renovation.
10. No materials or refuse may be stored in the hallways or stairwells of the building. All materials must be kept within the unit.
11. Contractors/vendors may not park anywhere on Orienta Gardens property. The loading zone may be used for an interval not to exceed 15 minutes.
12. All contractors/vendors must enter and exit the building via the basement level. **UNDER NO CIRCUMSTANCES SHOULD** material be transported through the lobbies.
13. No materials may enter the building via the lobbies.

Any contractor/vendor that violates the rules and regulations of the cooperative will be barred from performing work within the complex.

CLIENT / MANAGING AGENT / CONTRACTOR INDEMNIFICATION AND INSURANCE REQUIREMENT AGREEMENT

Contractor Name: _____
Managing Agent Name: Stillman Management Realty Corp. _____
Property Name & Address: Orienta Gardens Owners Inc., Orienta Gardens
Mamaroneck, NY 10543 _____
Unit Owner / Unit #: _____

Whereas the "Contractor" seeks to perform certain work pursuant to oral and/or written agreement for listed shareholder/unit-owner within an apartment/unit located at listed "Property", managed by the "Managing Agent"; parties agree to the following:

ACCESS TO PROPERTY LOCATION AND COMMON AREAS

Whereas, Contractor, in order to perform work for shareholder/unit-owner, requires access to various parts of the Property Location, which are the responsibility of the Property Location and Managing Agent, and not the responsibility of shareholder/unit-owner (the "Common Areas"); and, Whereas, Contractor acknowledges the Property Location's and/or Managing Agent's exposure to liability arising out of the Contractor's access to the Common Areas and work at the Property Location; and, Whereas, Contractor agrees that Contractor and/or Contractor's insurance carriers (and NOT Property Location, Managing Agent or their insurance carriers) should be responsible for said liability; Property Location, and Managing Agent agree as follows:

INDEMNIFICATION AGREEMENT

In consideration for access to the Property Location, to the fullest extent allowable by law, Contractor agrees to indemnify, defend and hold harmless the Unit Owner, the Property Location and/or Managing Agent from any liability, loss, or other claim, including but not limited to expenses and reasonable attorneys' fees, related to death, personal injuries or property damage (including, but no limited to loss of use thereof) arising out of or in connection with the performance of the work by the Contractor, its agents, servants, subcontractors or employees, except to the extent of any fault attributed to the Property Location and/or Managing Agent.

INSURANCE REQUIREMENT AGREEMENT

While performing work at the Property Location, Contractor shall maintain: workers compensation and employer's liability insurance with statutory limits; and commercial general liability insurance with a minimum limit of \$1,000,000 per occurrence, which shall name Property Location, Managing Agent and Unit Owner as "Additional Insured" and which shall be primary and non-contributory to any other insurance available to the Property Location and/or Managing Agent. If required by Property Location or Managing Agent, Contractor shall also maintain excess/umbrella liability insurance.

Commencement of the work by the Contractor at the Property Location shall be deemed acceptance of this Indemnification and Insurance Requirement Agreement for purposes legally equivalent to full execution of same. These terms supersede any others which may be inconsistent herewith. The term of this Agreement shall be one year, commencing on the contractor Authorized Signature Date (below); and this Agreement shall renew annually for subsequent one year terms until cancelled in writing by either party.

	Signature	Printed Name	Date
Agent for Property:	_____	_____	_____
Contractor:	_____	_____	_____
Unit Owner	_____	_____	_____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
00/00/0000

PRODUCER FAX * NAME AND ADDRESS OF INSURANCE CARRIER	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE
INSURED * NAME AND ADDRESS OF INSURED (Must match signed contract)	INSURER A: XXXXXXXXXX INSURER B: XXXXXXXXXX INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XXXXXXXXXXXX	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000	
					DAMAGE TO RENTED PREMISES	\$ 1,000,000	
					MED EXP (any 1 person)	\$ 10,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
					PRODUCTS – COMP/OP AGG	\$ 2,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	XXXXXXXXXXXX	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea Accident)	\$	
					BODILY INJURY (per person)	\$	
					BODILY INJURY (per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY – EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY	EA ACC	\$
						AGG	\$
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
						\$	
						\$	
*	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	XXXXXXXXXXXX	00/00/00	00/00/00	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other		
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE –EA EMPLOYEE	\$	
					E.L. DISEASE –POLICY LIMIT	\$	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Also additionally insured: Shareholder's Name, Address and Apt. number
a) Orienta Gardens Owners, Inc., Orienta Gardens, Mamaroneck, NY 10543
b) Stillman Management Realty Corp., 440 Mamaroneck Ave, Harrison, NY 10528
Date of Move /Delivery/ Work:

CERTIFICATE HOLDER Orienta Gardens Owners, Inc. C/O Stillman Management Realty Corp 440 Mamaroneck, Ave. Harrison, NY 10528	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Must have signature
--	--

XX*IF WORKERS COMP IS NOT ON THIS CERTIFICATE – YOU MUST PROVIDE (2) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)

Contractual Liability*

To avoid paying claims for large Labor Law 240 third-party Law suits, some insurance companies have removed contractual liability from their policies. In this case, your "Additional Insured" status with the contractor will be meaningless, and the contractor's insurance will not back the contractor's indemnification.

Here are few methods to try to determine if your subcontractor has contractual liability:

1. Ask for a copy of the contractor's/sub-contractor's insurance policy and have your broker review it.
2. Make sure "Contractual Liability" is added to the subcontractors' certificate and request "No exclusion for contractual liability or injury to employees" in the "Description of Operations" section.
3. Request Certificate Addendum Acord 855 NY for coverage details from contractor / sub-contractor

*Below is a list of insurance carriers that sometimes exclude this coverage and will not be accepted as an insurance carrier of your contractor, having your application held up and/or denied:

Acceptance Indemnity Ins. Co.

Alterra E&S

American Safety

Arch Specialty Ins. Co.

Atlantic Casualty

Berkley Specialty

Burlington

Century Surety

Colonial Co.

Colony

Endurance

Essex

Evanston

Everest

First Century

First Mercury- Cover X

Guard Insurance Companies

Hermitage

Hudson

Kingstone Insurance

Max Specialty

Maxum Indemnity Co.

Mt. Valley Indemnity

National Fire & Marine

National Contractors Ins Co.

Northfield

North Sea

Nova Casualty

Penn Star

Preferred Contractors Inc.

Ranger

RCA

RU / Mt. Hawley

Rockingham Insurance Company

Rutgers/American European Ins. Co.

Tower Insurance

Tudor

U.S. Liability/ U.S. Underwriters/ USU

Utica First

Valley Forge

Western Heritage

We also recommend you require your subcontractors include a description of the work they plan to do. For example: roofing, excavation, residential carpentry, etc.

\$32,500/Day Violation Fine for Lack of Compliance

EPA's NEW Lead-Based Paint Rule Nationally Enforceable April 22, 2010

Beginning April 22, 2010, **ANYONE** who is paid to perform work that disturbs paint greater than six square feet in housing and child-occupied facilities built before 1978 must comply with the EPA's Lead Renovation, Repair and Painting (RRP) Program. Individuals who must comply include: residential rental property owners/managers, general contractors, and special trade contractors including painters, plumbers, carpenters, electricians and sheet rockers. Under this new rule, enforcement actions against **violators can include penalties up to \$32,500 perviolation per day**, as well as the potential for costly litigation. This new EPA rule will be potentially litigious and tightly regulated.

Under this rule, each legal entity that performs paint disturbances must have applied to the EPA and been certified prior to April 22, 2010. All Certified firms performing such paint disturbances must ensure:

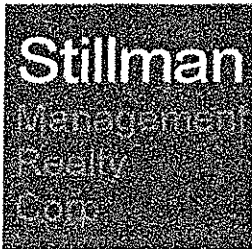
1. All individuals performing activities that disturb painted surfaces are either certified renovators or have been trained by a certified renovator.
2. A certified renovator is assigned to each renovation and performs all the certified renovator responsibilities.
3. All renovations are performed in accordance with the work practice standards of the Lead-Based Paint RRP Program.
4. The Certified Renovator provides pre-renovation documentation notifying occupants of work to be performed.
5. The program's recordkeeping requirements are met and kept for three years.

All certified firms must also employ a Certified Renovator(s) who has completed an EPA-approved Certified Renovator course (www.RRPTrainer.com). The Certified Renovators are responsible for ensuring overall compliance with the Lead-Based Paint RRP Program requirements at assigned renovation sites. A certified renovator must:

1. Use a test kit acceptable to EPA.
2. Provide on-the-job training to workers.
3. Be physically present at the work site when warning signs are posted, while the work-area containment is being established, and while the work-area cleaning is performed.
4. Regularly direct work being performed by other individuals.
5. Be available, either on-site or by telephone, at all times.
6. Perform project cleaning verification.
7. Have copies of initial course completion certificate present at all times.
8. Prepare required records and maintain for three years.

In order to avoid potential issues with enforcement agencies, litigators or tenants, you must either become EPA compliant by taking the RRP Training course or certify your pre-1978 properties as Lead-Based Paint Free. The EPA has 90 days from the date of receipt of your application before they must reply. The April 22 deadline has already passed, so if you are not already compliant, make sure you become compliant in order to legally perform such work.

About the Author: This article was written by Lee E. Wasserman, President of LEW Corporation. Mr. Wasserman is a well respected national lead-based paint subject matter expert, has been a guest presenter for numerous associations as well as HUD, EPA, ABO, NYARM, FNYHC, NYAHMA... on the RRP rule and has been nationally active with lead based paint evaluations, remediation and training for more than 18 years. Visit LEW Corporation on the web at www.lewcorp.com.



440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528

T : 914.813.1900
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www.stillmanmanagement.com



June 2020

To Whom it May Concern:

As business in the State of New York, and in compliance with Executive Order 202.6
asset forth by Governor Andrew Cuomo, that _____
(contractor name) will be executing work at the _____
(building address).

Our number one priority is the health and safety of our employees, clients, and
families.

We are doing our part to reduce the risk of infection by following the guidelines and
best practices from the CDC and from our local and national government agencies. We
have implemented a stringent cleaning routine at our shop, including disinfecting work
areas multiple times a day. Employees are asked to wash their hands and use sanitizer
routinely, comply with social distancing, and wear protective gloves and face masks
when necessary. Anyone feeling ill has been asked to stay home and monitor their
situation.

Thank you for complying with the required New York State Safety Plan.
By signing below, we indicate we have a NYS Safety Plan in place.

Contractor Name

Contractor Signature

Date

Apt# & Resident Name

ORIENTA GARDENS OWNERS INC.

RESPONSE TO APPLICATION

(TO BE COMPLETED BY MANAGING AGENT)

Date _____

To: _____

Unit: _____

CC: Tony Potes, Superintendent

Dear Resident,

We are in receipt of your Application for Proposed Apartment Alterations/Renovations/repairs.

_____ Your request is hereby approved. **Please contact the Orienta Gardens Superintendent to schedule your work. His number is: 914-490-2257**

_____ Your request can not be processed because the following items were not submitted with your package:

Please provide the following:

- _____ Contract (prices may be deleted or omitted)
- _____ Contractor's License(s)
- _____ Contractor's Certificate of Insurance for Liability, Workmen's Compensation & Disability
- _____ Policies naming the **Orienta Gardens Owners Inc. and Stillman Management Realty Corp.** as additional insured.
- _____ Hold Harmless Agreement (Each contractor must sign a hold harmless agreement)
- _____ Building Permit(s) if required by local regulations.
- _____ Minimum Damage/Security Deposit (\$500) (subject to paragraph 4 of procedures)
- _____ Proposed work dates.

Please submit the missing items so that we may continue to process your request.

If there are any questions, please contact our office.

Very truly yours
Property Manager, Stillman Management Realty Corp.
As Agent for Orienta Gardens Owners Inc.
(914) 813-1900