Member Name: _____ Address:_____ Date:_____

INSIDE ALTERATION CHECKLIST

All interior alterations, which include electrical, plumbing, carpentry, brickwork, etc., must have the written approval of both the Board of Directors and Upper Moreland Township (if applicable). **Please consult the Policies and Standards.**

The Member Must:

1. Receive Management and/or Board approval if the project includes: altering, changing, removing, adding such items as wood burning/pellet stoves, fireplaces, cabinets, walls, doors, windows, plumbing, electrical, etc.

2. Submit a drawing or site plan of your project. Measurements are required.

3. Briefly but concisely describe the project (**in writing**) so that Management/Board gets a clear and full understanding of what you are planning.

   If utilizing a contractor:

4. The contractor must registered with the Attorney General Office and possess a HIC number.

5. Provide a certificate of insurance based upon Fulmor Heights specifications.

6. Submit a certification to conduct lead-based paint renovation, repair and painting activities.

7. Allow Fulmor Heights' Facilities Supervisor to inspect the area after the paperwork submission, as well as throughout the entire project.

Kitchen

_____ Cabinets

_____ Countertops

_____ Floor

_____ Sink

_____ Faucet

_____ Garbage Disposal

_____ Windows

_____ Dishwasher Installation

_____ Ice Maker Line (Fridge)

_____ Other – please explain

Living Room

_____ Floor

_____ Windows

_____ Doors

_____ Other – please explain

Utility Room

_____ Window

_____ Other – please explain

Bedrooms

_____
Location of Bedroom

_____
Location of Bedroom

_____
Location of Bedroom

_____ Floor

_____ Windows

_____ Doors

_____ Closets

Bathroom

_____ Floor

_____ Window

_____ Door

_____ Tub

_____ Tub Surround

_____ Sink or Vanity

_____ Toilet

_____ Exhaust Fan

_____ Other - please explain

Stove Installation

_____Wood

_____ Pellet

_____ Gas

Fireplace Installation

_____ Wood

_____ Gas

Wall Removal

_____ Entire Wall

_____ Portion of a Wall

____Central Air Conditioning Installation

____ Stair Chair Lift

Member Signature:_____ Date: _____

Manager Signature: _____ Date: _____

<><><><><><><><><><><><> **Below for Office Use Only** <><><><><><><><><><><><><><><><>

Reviewed by:_____ Date:_____

Approved [ ] Denied [ ] Reason(s) for denial

_____

_____