

Design and Modification Request Form

Owner Name: _____

Address: _____

Phone: (Day) _____ (Evening) _____ (Email) _____

Description of Work Proposed :

Plan Maker: _____ Phone: _____

Address: _____ Fax: _____

Contractor & License #: _____ Phone: _____

Address: _____ Fax: _____

- **INDEMNIFICATION:** I agree to release and hold harmless AOA Kinau Villa, and its officers and agents in connection with any claim or loss arising from my construction project.
- **DAMAGE/LOSS:** I agree to be responsible for any damage(s) to any of the common elements (Roads, Sidewalks, Elevators, Planting Strips, (Building) Common Elements, etc.) arising from my construction project.
- **CLEAN UP:** I agree to be responsible for restoring the common elements pre-construction condition (i.e. cleaning dirt, mud and debris from road and sidewalks, moving material stockpile within project site, etc.) at the end of each work day.
- **HOURS OF WORK:** I agree to limit the hours of work to Monday through Friday (except for holidays) from 7:30 a.m. to 5:30 p.m. Saturdays, Sundays and Holidays 8:30 a.m. to 5:30 p.m.

I agree and accept conditions stated above:

_____ Date: _____

Approved by: _____ Date: _____

*****Please mail or fax (808) 528-2804 completed application to our office*****
PHONE: (808) 531-6847 | FAX: (808) 528-2804 | EMAIL: admin@camdusproperties.com