

CRTE APPLICATION FOR FURNITURE MOVING

Owner's name: _____ Apartment number: _____
Date applied: _____ Date of Moving: _____
Moving company: _____ Time of moving: _____

I hereby request a permit to move my furniture into/out of my apartment.

In accordance with Article XII, "Occupancy Agreement," Section 16 "Repair & Maintenance," "The Rules We Live By" and the Board of Directors recommendations;

I, the undersigned hereby agree to the following Rules:

1. Pay \$50.00 fee to cover all the preparations for the move, which includes but is not limited to: floor covers, freight elevators exclusive use, route inspection before and after the move, etc.
2. All work schedules will be coordinated with the CRTE Manager.
3. Promptly pay for all work done on the premises.
4. In the event that a mechanics lien is filed against the Building that I will promptly bond out said lien so that it will not constitute a lien on the Building.
5. Due to the problem of damages to the common areas tile, carpet, walls, doors, etc. which are caused by contractors, outside workers or movers, I, the owner may be fined for each or all of the following violations, in addition to the full payment of the cost to repair all the damages.
 - A. If any of the employees, workers or movers would occupy any of the common areas, the Hallways or the Freight Elevator for storing or use these areas as a working space.
 - B. For each time any of the employees, workers or movers would use the Trash Rooms or Chute to deposit or dump any construction waste whatsoever. (Rule #16)
 - C. For each time any of the employees, workers or movers would use the CRTE grocery carts or the luggage carrier.
Note: CRTE offers special hardwood Dollies to be available for moving inside the building.
 - D. For each time any of the employees, workers or movers would hold the Freight Elevator locked and not available for use by others, beyond the time needed.

Owner signature

Print Name

CRTE Manager approves/disapproves the above application.

CRTE Manager _____

Building and Ground Committee personnel _____

CRTE APPLICATION FOR FURNITURE MOVING DAMAGE INSPECTION REPORT

Declaration of the status of the damage/s or damage free at the common areas of the route to and around the working or moving areas (Apartment).

I _____ the Owner of Apt. # _____

I, the undersigned, declare that the route to and around my apartment, **before** any work or moving occurred to my apartment, is **free of any damages** () or **has the following damages** (). (Please check the appropriate box and detail below):

Owner's signature _____

Date _____

Witness's name _____
Manager or designee

Title _____

Witness's signature _____

Date _____

Notes:

I, the undersigned, declare that the route to and around my apartment **after** the work or moving occurred to my apartment has **no damages** () or **has the following damages** (). (Please check the appropriate box and detail below):

Owner's signature _____

Date _____

Witness's signature _____
Manager or designee

Date _____

Witness's signature _____

Date _____

Notes: