

Unit Build Out and Renovation Form

URBAN PROPERTY MANAGEMENT | 35 FAY STREET UNIT 107A | BOSTON MA 02118 | t. 617-437-6755 | f. 617-437-9933 | e. INFO@URBANMANAGEMENT.NET

UNIT INFORMATION			
Condominium Name:		Unit No.:	
Owner Name:			
Mailing Address:			
P.O. Box:	City:	State:	ZIP Code:
Home Phone No.: ()	Cell Phone No.: ()	Work Phone No.: ()	
Email Address:			

BUILD OUT INFORMATION		
Projected Start Date:	Projected Completion Date:	FAST TRACK BLDG <input type="checkbox"/> Yes <input type="checkbox"/> No
Supply Delivery Dates:	Sprinkler/Fire Alarm Shut-down Date:	Water Shut Down Dates:
Type of Permits: <input type="checkbox"/> Short Form <input type="checkbox"/> Long Form* <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Describe Scope of Project:		

* Please see Long Form Permit Additional Instructions

CONTRACTOR INFORMATION			
Contractor Trade:			
Company/Contractor Name:			
Mailing Address:			
P.O. Box:	City:	State:	ZIP Code:
Work Phone No.: ()	Cell Phone No.: ()	Email Address	
INSURANCE REQUIRMENT - INCLUDE PROOF OF INSURANCE COVERAGE (COMP & LIABILITY)			

CONTRACTOR INFORMATION			
Contractor Trade:			
Company/Contractor Name:			
Mailing Address:			
P.O. Box:	City:	State:	ZIP Code:
Work Phone No.: ()	Cell Phone No.: ()	Email Address	
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CONTRACTOR INFORMATION			
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Company/Contractor Name:			
Mailing Address:			
P.O. Box:	City:	State:	ZIP Code:
Work Phone No.: ()	Cell Phone No.: ()	Email Address	
INSURANCE REQUIRMENT - INCLUDE PROOF OF INSURANCE COVERAGE (COMP & LIABILITY)			

Review Date : / /	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see changes)
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