



**CENTURY CENTER CONDOMINIUM**  
1750 KALAKAUA AVENUE – HONOLULU , HAWAII – 96826 – 808.941.9655

## **RENOVATION REQUEST FORM**

*All areas must be filled out and provide explanation where needed.  
Plans and Drawings must accompany this request. (Required)*

**Unit:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_

Name of Persons Submitting Request:

\_\_\_\_\_

Name of all Licensed Contractors Performing work:

\_\_\_\_\_

Contractor License Numbers (Required): \_\_\_\_\_

Contractors Liability Insurance Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Have Permits Been Applied For?: YES: \_\_\_\_\_ NO: \_\_\_\_\_

### **Renovation Locations:**

*Check all areas of construction or renovation*

Kitchen: \_\_\_\_\_ Master Bathroom: \_\_\_\_\_ 2<sup>nd</sup> Bathroom: \_\_\_\_\_

Living Room: \_\_\_\_\_ Master Bedroom: \_\_\_\_\_ 2<sup>nd</sup> Bedroom: \_\_\_\_\_

Dining Room: \_\_\_\_\_ Hallway: \_\_\_\_\_ Wash Room: \_\_\_\_\_

Main/Retail Room: \_\_\_\_\_ Office Room: \_\_\_\_\_ Add'l Bathroom: \_\_\_\_\_

Will there be a floor plan change? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, explain and attach new floor plan sketch:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will fixtures be moved from their current location? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If so explain:

**Flooring:**

*If multiple flooring types are installed, provide a separate filled out sheet for each flooring type, with the description of each flooring installation.*

Carpeting to be installed: \_\_\_\_\_ Hardwood to be installed: \_\_\_\_\_  
Ceramic Tile to be installed: \_\_\_\_\_ Stone Tile to be installed: \_\_\_\_\_  
Laminate to be installed: \_\_\_\_\_ Vinyl Tile / LVT to be installed: \_\_\_\_\_  
Sheet Vinyl to be installed: \_\_\_\_\_ Bare Concrete: \_\_\_\_\_

Flooring Composition & Thickness: \_\_\_\_\_

Sound Absorbing Underlayment is required for all flooring installation. Please provide the name and details of the product (A Manufacturer Specification Sheet Is required to be attached with your submission):

Underlayment Sound Rating (IIC): \_\_\_\_\_

Underlayment Composition & Thickness: \_\_\_\_\_

New Flooring to be installed in:

Kitchen: \_\_\_\_\_ Living Room: \_\_\_\_\_ Dining Room: \_\_\_\_\_  
Master Bedroom: \_\_\_\_\_ Master Bathroom: \_\_\_\_\_ Hallway: \_\_\_\_\_  
2<sup>nd</sup> Bedroom: \_\_\_\_\_ 2<sup>nd</sup> Bathroom: \_\_\_\_\_ Add'l Bathroom: \_\_\_\_\_  
Main/Retail Room: \_\_\_\_\_ Office Room: \_\_\_\_\_ Storage Room: \_\_\_\_\_

Type of existing flooring that will be removed:

Carpeting to be removed: \_\_\_\_\_ Carpet Padding to be removed: \_\_\_\_\_  
Ceramic Tile to be removed: \_\_\_\_\_ Stone Tile to be removed: \_\_\_\_\_  
Laminate to be removed: \_\_\_\_\_ Hardwood to be removed: \_\_\_\_\_  
Sheet Vinyl to be removed: \_\_\_\_\_ Vinyl Tile / LVT to be removed: \_\_\_\_\_

**Bathrooms:**

Will a bathroom be renovated? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Which bathroom will be worked on? Master Bathroom: \_\_\_\_\_ 2<sup>nd</sup> Bathroom: \_\_\_\_\_  
Add'l Bathroom: \_\_\_\_\_

Detail the work to be done:

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Will fixtures will be replaced? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, which fixtures will be replaced?:

Toilet: \_\_\_\_\_ Bathtub: \_\_\_\_\_ Shower Surround: \_\_\_\_\_ Vanity Sink: \_\_\_\_\_

Shower Valves: \_\_\_\_\_ Shower Drainage: \_\_\_\_\_ Shower Plumbing: \_\_\_\_\_

Shower Diverter: \_\_\_\_\_ Toilet Valves: \_\_\_\_\_ Sink Valves: \_\_\_\_\_

Sink Drainage: \_\_\_\_\_ Sink Faucet: \_\_\_\_\_ Washer Machine Valves: \_\_\_\_\_

Will shower surround be renovated or converted? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, explain and provide specs of waterproof membrane and new wall surround (Required):

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**Kitchen:**

Will Kitchen be renovated: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If So Describe the Renovation?:

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Which fixtures will be replaced:

Cabinets: \_\_\_\_\_ Refrigerator: \_\_\_\_\_ Stove: \_\_\_\_\_ Vent Hood: \_\_\_\_\_

Dishwasher: \_\_\_\_\_ Sink: \_\_\_\_\_ Garbage Disposal: \_\_\_\_\_

Kitchen Sink: \_\_\_\_\_ Sink Shutoff Valves: \_\_\_\_\_ Sink Faucet: \_\_\_\_\_

Will floor plan be changed? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, describe and attach new floor plan sketch:

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Will cabinets or fixtures be anchored into the ceiling? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, state how many anchors will be drilled into the ceiling, and provide the specs of the size and diameter of concrete anchors.

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**Electrical:**

Will any electrical work be done? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Will any receptacles or light fixtures be moved? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Will any breakers be replaced or added?: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so for any of the above, detail the work to be done and provide new sketch layout to show new placement of receptacles and/or fixtures. Permits may be required.

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**Windows:**

All window work requires Board Approval prior to installation and must match existing material and specs of existing windows. Permits may be required.

Will you be replacing window frames? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, detail the work to be done.

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**Air Conditioning:**

Any conversion from existing fan coil unit to a new air conditioning fixture requires Board Approval. Permits may be required.

Will you be replacing the existing fan coil unit ? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If Yes, Detail the work to be done and provide spec sheets on equipment.

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**Acknowledgment:**

The following contractors have all signed the Contractor Agreement Form and will report any changes to the documented work on this form to the General Manager and Board of Directors. This signature acknowledges that the information provided on this renovation request from is true and accurate to the renovation requested for my apartment unit.

Main Contractors Name & Phone Number:

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Sub-Contractor Name(s) & Phone Number (List All):

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Plumbing Contractor Name(s) & Phone Number:

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Electrician Name & Phone Number:

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Homeowner's Name(s) & Phone Number(s):

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Homeowner's Signature:

Date:

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