



# CITYLAND PASONG TAMO, INC.

Penthouse, CPT Condominium Bldg.,  
6264 Calle Estacion, Pio Del Pilar, Makati City, Philippines  
Tel. No.: 888-6412 / Fax No.: 843-2704

## REQUEST FOR RENOVATION

Resident's Name  _____		Unit No.:
( ) Owner / ( ) Tenant		
Contact No.:		
Date Requested:		

### RENOVATION REQUEST: (please check)

Item No.	Description	Amount	Remarks
I	Permit Fee	500.00	(NR)
II	Construction Deposit		
	A. Masonry (demolition of existing CHB wall & other masonry work which may be approved by the Administration)	5,000.00	(R)
	A. Non Masonry		
	( ) Carpentry	5,000.00	(R)
	( ) Finishing / Painting	2,000.00	(R)
	( ) Mechanical / Electrical	3,500.00	(R)
	( ) Other works which may be approved by the Administration	3,500.00	(R)
III	Water Charges (FOR COMMERCIAL AREA)		
	A. Masonry		
	( ) Demolition of CHB wall	500.00	(NR)
	( ) Construction of CHB wall	500.00	(NR)
	B. Non Masonry (P 20.00/worker)		
	C. Draining of sprinkler heads	2,000.00	(NR)
IV	Others		
	( ) ID for workers (P30.00/worker) x ___ no. of workers		(NR)
	( ) Request for unit dimensions (Photocopy of floor plan)	30.00	(NR)
	( ) Other reproduction requests (please specify)		(NR)
<b>TOTAL</b>			

#### Note:

**NR - Non Refundable**

**R - 90% Refundable upon inspection if no damage were found and presentation of Original O.R.**

**Important Reminder: KEEP ORIGINAL PERMIT AND OFFICIAL RECEIPT FOR REFUNDS**

*please see at the back page for instructions, conditions, signature and approval*

**Reminders:**

**Please read thoroughly and affix signature (only the Lessor and Owner can sign this request, signature of representative will not be honored)**

**I am fully aware of the following information and conditions:**

1. This request shall be subject to approval by the Building Administrator notwithstanding payment of the construction deposited and required fees,
2. This request will only be processed if my account is updated in payment and once I have submitted all the requirements,
3. That a ten percent (10%) retention fee is charge against the deposit to cover processing, monitoring, inspection and evaluation during renovation period,
4. ID's should be surrendered to Admin upon completion of construction works/renovation.

Upon issuance of the Permit to Renovate, I hereby undertake to comply with all the Construction Rules and Regulations as well as the provisions in the Contract to Sell or Contract of Lease, Master Deed with Declaration of Restrictions of Restriction.

I authorize CPTI's Administrator to deduct from my refund any unpaid dues, penalties, damages and expenses that may be incurred as a result of my violation during and after the renovation.

Upon completion of the renovation work, I hereby commit to return the Original Copies of the Original Permit to Renovate and the Official Receipt issued by the Administration Office for payment of the required deposit/s and permit fee. A written request for refund is necessary. I am aware of the **NO ORIGINAL COPIES, NO REFUND** policy and will not hold CPTI liable for any refund should I be unable to submit the original copies of the Permit to Renovate and the Official Receipt.

<b>Requested by:</b>  _____ <b>TENANT</b> (Signature over printed name)	I have full knowledge of the renovation to be done in Unit No. _____ and am allowing renovation as requested.  _____ <b>OWNER</b> (Signature over printed name)
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<b>Pre-work inspection and evaluation</b>		
<b>Conducted by:</b> _____ <b>Maintenance Personnel</b> (Signature over printed name)		<b>Remarks:</b>
<b>Verified by:</b> _____ <b>Billing</b> (Signature over printed name)	<b>Payment received by:</b> _____ <b>Cashier</b> (Signature over printed name)	<b>Approved by:</b> _____ <b>BUILDING ADMINISTRATOR</b> (Signature over printed name)

<b>Final Inspections (Work completed and requested for refund)</b>		<b>Approved by:</b> _____ <b>BUILDING ADMINISTRATOR</b> (Signature over printed name)
<b>Conducted by:</b> _____ <b>Maintenance Personnel</b> (Signature over printed name)	<b>Remarks:</b>	