

**Architectural Control Committee (ACC) Specifications**

**Standard 16**

**Gas Appliance Changes**

**September 02, 2021**

(when patio/atrium is enclosed)

**GENERAL**

This Specification applies to Units with gas appliance laundry rooms (Phase 1 excluded) located in either the hallway or outside on a patio. It details the vent and water heater temperature & pressure relief valve (TPRV) and drip pan changes that are required to meet all City and State building codes when a patio or atrium is enclosed, making the previous outside space a new “interior space”.

**This specification applies only to one-story buildings; no enclosures of any kind are permitted on two-story buildings on either floor.**

**It is imperative that new venting be correctly installed to outside air so that the new “interior space” does not fill up with carbon monoxide from the drier exhaust vent, or combustion “make up air” vents are not blocked off by the new construction, or the TPRV valve discharges water into the new interior space.**

The following specification and work is technical in nature and should only be performed by a licensed plumbing contractor.

**PROCEDURE**

1. Prior to the start of work, approval must be obtained from the ACC, and any deviation from this Specification must be approved by the ACC prior to job start.
2. The Owner and contractor must conform to all City and State building codes as well as the ACC requirements stated in this document. A City building permit is also required.
3. Water Heater Temperature & Pressure Relief Valve (TPRV) – if the TPRV drainpipe currently discharges into what will be a new “interior space”, it must be either redirected to a new outside wall or, if not feasible, have a special gas shutoff valve and pressure relief valve installed at the incoming cold-water feed (Watts 210 & associated Watts 3L). Because there are various Unit models that will require this change, it is best to consult with the ACC Representative to determine if plumbing modifications need to be made.
4. Combustion Air Vents: Existing combustion “make-up” air vents for gas appliances must vent outside of the building (to allow outside air to enter) per applicable Building Codes. If the existing vents are blocked by the new addition (now an interior space), they must be relocated so that they vent to an outside wall of the building. New stucco or shingles must blend with existing stucco or shingles in both texture and color (paint is available at the Management office, bring an appropriate container).
5. Water Leak Pan Installation: Some Units will require this change by Building Code and other Unit Owners may elect to have this modification made to eliminate the chance of a water heater or washing machine leak causing damage to new flooring. Because there are various Unit models that will require this

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change it is best to consult with the ACC Representative to determine if this modification needs to be made.

6. Drier Exhaust Vent Changes – These changes only apply to Breakers Units where the laundry rooms are in the interior hallway with an existing dryer vent going through the wall to the patio or atrium.
  - a. A new drier vent must be installed so it no longer vents into the area to be enclosed. This may require special ducting and auxiliary fans which will require additional electrical inspections.
  - b. Because there are various Unit models involved, it is best to consult with the ACC Representative to determine the best route for the new vent system.
  - c. Work may not begin prior to preliminary inspection and agreement from the ACC Representative of the scope of the work necessary to meet City and State building codes.
  
7. Combustion “Make-up” Air Vent Changes – These changes are required to all Units with laundry rooms located adjacent to a new “interior space”. NOTE: Some Units may have the existing make-up air vents located in an exterior wall that will remain an exterior wall after the patio or atrium is enclosed and will not require the modifications described below.
  - a. Per the building code requirement for outdoor combustion air, the *Two Permanent Opening Method* shall be used:
    - 1) The owner/contractor and the ACC Representative will mutually determine the correct vent locations. A 16” on center stud cavity is necessary for this purpose.
    - 2) New Through-Wall Vent Openings – Locate and mark the interior drywall wall so the bottom edge of the lower vent is located 12 inches above the floor and the top edge of the upper vent is located 12 inches below the ceiling.
  - b. New blocking is required for upper and lower vent openings.
    - 1) Install horizontal blocking above and below each opening. This will isolate the upper opening from the lower opening. Allow 6” opening between new blocks.
    - 2) This requirement only applies when locating both upper and lower vents in the same stud cavity. If the upper and lower vent is in a separate (adjacent) stud cavity, no blocking is required as there is no air flow between the upper and lower vent.

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- c. Once vent locations are marked, carefully cut a 6" high opening one stud cavity wide (14- 1/2") through interior drywall. It is best to project the corners of the new vent locations directly across stud cavity to back side of exterior wall. Drill through the exterior wall material at each corner to visually identify opening corner locations on the building exterior. Once marked, proceed as stated below for each type of exterior finish; i.e., stucco or shingles.
- d. Vent specification and quantity (2 each – upper and lower, inside and outside) are described as follows:
  - 1) External (outside) Wall Vents – Two (2) 14" x 6" galvanized steel vents (louvered), Construction Metals model FV146B, or equal.
  - 2) Internal (inside) Wall Vents – Two (2) 16" x 8" galvanized steel static vents (screened), Construction Metals model SCV168, or equal.
- e. Procedure for installing external (outside) louvered vents in stucco.
  - 1) After drilling location holes (see 6-c above), carefully remove stucco from new vent area several inches larger, being careful not to damage existing building paper. Cut stucco wire to vent opening size. Mount both upper and lower vent against building framing (studs) set at 16-inch on-center spacing.
  - 2) Place 60-minute waterproof building paper around the vent openings and over the vents flanges. Add galvanized stucco-lath wire mesh around the vent openings window openings per City and State building codes.
  - 3) Use a good quality elastomeric caulking (DAP Dynaflex 230 or equal) if needed to seal the paper/flange joint to make it watertight. Adhesive is not to be applied such that the stucco-to-stucco bonding cannot effectively take place.
  - 4) Replace removed and/or damaged stucco with Repaid Set scratch/brown stucco mix, crack resistant, 60-minute working-time product conforming to UBC 25-1
  - 5) Finish of new stucco shall match existing adjacent stucco. Inspection and approval by the ACC Representative is required before painting.
  - 6) Vents must be painted to match surrounding stucco wall.

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- f. Procedure for installing external (outside) vents in wood shingles.
    - 1) After drilling location holes (see 6-c above), carefully cut out opening with a saw to match vent flange. Remove shingles from new vent area being careful not to damage existing building paper, or surrounding shingles. Mount both upper and lower vent against building framing (studs) set at 16-inch on-center spacing.
    - 2) Place 60-minute waterproof building paper around the vent openings and over the vents flanges.
    - 3) Use a good quality elastomeric caulking (DAP Dynaflex 230 or equal) if needed to seal the paper/flange joint to make watertight.
    - 4) Reinstall any previously removed shingles, making sure to secure as needed with galvanized nails hiding where possible.
    - 5) Vents must be painted to match surrounding shingle wall.
  - g. Procedure for installing inside (1/4" sq. mesh screen) laundry room vent.
    - 1) These screens are designed to be mounted on the inside surface of the drywall at both upper and lower vent locations.
    - 2) No caulking is required.
    - 3) Secure with galvanized screw fasteners.
  - h. Painting of stucco, shingles and outside of vents shall meet the Association's Maintenance Specification for Exterior Painting.
  - i. Outside landscape (ground and plants) are to be protected (by ground cloth coverings) from debris created from the above tasks. At completion, the area is to look the same as it did prior to installation.
  - j. Any obstruction or interference situation (including landscape interference) must be coordinated with an ACC Representative.
8. Project Management – During construction, the site will be visited by an ACC Representative for progress inspections. Any deviations from these Specifications may result in the ACC requesting that construction be halted until corrected, or the new structure be removed, and the building put back to its original state at the Owner's expense.

**HUNTINGTON LANDMARK**  
**20880 Oakridge Lane – Huntington Beach, CA 92646**  
**Architectural Control Committee (ACC) Application and Use Permit Agreement (UPA)**

ACC Standard Number and Name: (Note: Complex projects may require multiple applications)	
Owner Name:	Date:
Address and Unit #:	
Home Phone #:	Mobile Phone#:
Email:	Unit Model:

1. Scope of work:

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2. I have read and understand the Specifications applicable to my request. It is my responsibility to provide the Specifications to my contractor and be sure they read and understand them. I understand that my contractor needs to read and sign the Contractor Acceptance Agreement and that it is for my protection.
3. I understand and acknowledge that any damages to Association property resulting from actions of the contractor I hired are my responsibility and I will be held liable, which may include removal of the improvement and/or repairs to be done at my cost.
4. I understand the entity performing the work must be properly licensed and insured.
5. I understand that in certain major structural alterations the Association may need to bring in the services of an outside consultant for evaluation of plans, to monitor progress, perform final inspections, etc. and in such instances I, the owner, will be held financially responsible.

Owner Signature:	Date:
Contractor Name:	License #:
Contractor Address:	Contractor Phone#:

**\*\*\*\*\*BELOW FOR ACC USE ONLY \*\*\*\*\***

Tentative Approval by:	1.	2.	Date:
Waiting to Receive:			
Application Denied by:	1.	2.	Date:
Approved to Commence by:	1.	2.	Date:
Final Inspection and Approval by:	1.	2.	Date:

## CONTRACTOR ACCEPTANCE AGREEMENT

Owner Name:	Address and Unit #:
Standard Number and Name:	
Scope of Work:	

As Contractor for the above stated project, I certify that I have read all the applicable Architectural Control Committee (ACC) Standards and Maintenance Standards for the work I have been hired by the Unit owner to perform, I understand them, and I am able to comply with all items.

I understand that the ACC or their representative will inspect all work I have done when the owner notifies Management that they have been completed.

Further, I understand that should I fail to meet all requirements described within the Standards, I am required, **at my expense – not that of the owner who hired me**, to make necessary changes and corrections to bring the work into compliance.

I am providing my *Certificate of Worker's Compensation* or a letter declaring sole proprietorship, including a statement describing exemption due to "no employees" for the project file.

I am providing **two Certificates of Liability Insurance** and the **Additional Insured Blanket Endorsement** for the project file with each certificate naming one of the following:

1. **Seabreeze Management**  
**26840 Aliso Viejo Parkway Suite #100**  
**Aliso Viejo, CA 92656**

**And**

2. **Huntington Landmark**  
**20880 Oakridge Lane**  
**Huntington Beach, CA 92646**

<b>Contractor Printed Name and License #:</b>
<b>Contractor Signature and Date:</b>
<b>Owner Signature and Date:</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER COMPANY NAME ADDRESS PHONE	CONTACT NAME: INSURER		
	PHONE (A/C, No, Ext): XXX-XXX-XXXX	FAX (A/C, No): XXX-XXX-XXXX	
	E-MAIL ADDRESS: person@email.com		
INSURED  CONTRACTOR INFORMATION ADDRESS PHONE	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : CARRIER NAME		XXXX
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR	X		Policy # xxxxxxxx	05/01/2020	12/31/2020	EACH OCCURRENCE \$ X000000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ X00000.00 MED EXP (Any one person) \$ X0000.00 PERSONAL & ADV INJURY \$ X000000.00 GENERAL AGGREGATE \$ X000000.00 PRODUCTS - COMP/OP AGG \$ X000000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/> N/A	Policy#XXXXXXXXXX	01/01/2020	12/31/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ X000000.00 E.L. DISEASE - EA EMPLOYEE \$ X000000.00 E.L. DISEASE - POLICY LIMIT \$ X000000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**                      **CANCELLATION**

Seabreeze Management 26840 Aliso Viejo Parkway Suite 100 Aliso Viejo, CA 92656	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Rep. Signature





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01/01/2020

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> COMPANY NAME ADDRESS PHONE	<b>CONTACT INSURER</b> NAME:	
	PHONE (A/C, No, Ext): XXX-XXX-XXXX	FAX (A/C, No): XXX-XXX-XXXX
<b>INSURED</b> CONTRACTOR INFORMATION ADDRESS PHONE	E-MAIL ADDRESS: person@email.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : CARRIER NAME	NAIC # XXXX
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X		Policy # xxxxxxxx	05/01/2020	12/31/2020	EACH OCCURRENCE \$ X000000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ X00000.00 MED EXP (Any one person) \$ X0000.00 PERSONAL & ADV INJURY \$ X000000.00 GENERAL AGGREGATE \$ X000000.00 PRODUCTS - COMP/OP AGG \$ X000000.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input checked="" type="checkbox"/> N/A	Policy#XXXXXXXXXX	01/01/2020	12/31/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X000000.00 E.L. DISEASE - EA EMPLOYEE \$ X000000.00 E.L. DISEASE - POLICY LIMIT \$ X000000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**      **CANCELLATION**

Huntington Landmark 20880 Oakridge Lane Huntington Beach, CA 92646	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Rep. Signature



## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

SAMPLE COPY

Owner Printed Name:	Unit #:
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**STANDARD CONTRACTOR REQUIREMENTS**

1. All work is to be performed by a licensed and insured contractor per California law.
2. A copy of the pertinent ACC Standards, the ACC approval letter and the City of Huntington Beach permits must be kept available on the job site for the duration of the project.
3. All trash and material generated at the project site must be transported out of Huntington Landmark property by the contractor. Trash and material from the project cannot be placed in Association trash containers – the owner is responsible for all costs to remove trash and material is found in Association trash containers.
4. The term “contractor” includes their employees, agents, subcontractors, suppliers, and any other person under their cognizance.
5. Work hours are designated Monday through Saturday, 7:30 am to 6:00 pm with the exception of emergencies.
6. No unnecessary noise, radios, or boom boxes – be considerate of other residents.
7. Safety cones, yellow tape and any other type of precautionary items are to be in place by contractor at and around the project site when necessary.
8. Construction site must be left clean each day.
9. Construction items such as sand, cement, and dirt must not be placed on streets, walkways, or grass without protective underlying ground cover in place.
10. Parking restrictions, fire lanes, and speed restrictions must always be observed and respected.
11. Contractors are to park on the street – not in Resident-only parking spaces adjacent to the garages.
12. Contact security at the Atlanta gate if you are unsure where to park.
13. No signs advertising the contractor may be posted at any time.
14. All contractor vehicles must be clearly identified with signage indicating to whom they belong. A dashboard permit must be obtained at the Atlanta gate security.
15. Owner must provide a copy of these requirements to their contractor.

Contractor Signature:	Date:
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