Construction Compliance Review Questionnaire

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Date:

Shareholder/Unit Owner Name:

Shareholder/Unit Owner Address and Apt #:

Shareholder/Unit Owner Contact Information:

General Contractor Name:

General Contractor Contact Information:

What is the scope of work of the proposed project?

Does any of the work involve structural or load bearing walls?

Will the General Contractor be doing any of the work directly?

What is the anticipated timeline of the project?

Please complete the chart on the next page.

Construction Compliance Review Questionnaire

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Please complete the following. If no subcontractors are being used, please confirm by stating “Not Applicable”.

|  |  |  |  |
| --- | --- | --- | --- |
|   | Name | Hired byGC or by the Shareholder/Unit Owner? | Simple description of Subcontractor’s scope of work |
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