

LA CROFT CONDOMINIUM ASSOCIATION

COMMUNITY ROOM RESERVATION REQUEST Rules & Regulations Chapter 3.31

Fill out items below and submit with a refundable \$50.00 deposit in cash or check to Resident Manager a minimum of two weeks prior to requested date of usage. Only owners may request and use Community Room.

If the tasks on the checklist below are not completed within 24 hours after Community Room use, the owner will be responsible for the cost of hiring a cleaning firm.

DATE REQUESTED: _____ TIMES: _____ - _____ a.m./p.m.

PURPOSE OF REQUEST: _____ NUMBER OF PEOPLE: _____

NAME OF OWNER REQUESTING: _____ Condo Unit # _____

PHONE NUMBER: _____

\$50.00 DEPOSIT ATTACHED: YES _____ NO _____

SIGNATURE OF OWNER: _____

DATE: _____

OWNER NOTIFIED APPROVED _____

OWNER NOTIFIED DISAPPROVED OR ROOM NOT AVAILABLE _____

Signature of Resident Manager or Board of Directors Officer _____

Date _____

NOTE: Please complete the attached checklist when you have ended your event.

- Furniture cleaned and put back in place**
- All trash removed**
- Lights, fans, air-conditioning turned off**
- Kitchen clean and neat**
- Decorations removed.**
- Tables and chairs cleaned and put back into storage closets**
- Bathrooms neat and clean**

Submit form & Deposit to Resident Manager:

103 W. Dixon AV Unit #102

Charlevoix, MI 49720

SRichards6155@charter.net

La Croft Condominium Association
Article VI, Sec. 2
Rules and Regulations 3.09

LEASE APPROVAL APPLICATION

I, the undersigned record owner of La Croft Condominium Unit _____ provide this written notice and attached transaction documentation to the Board as my intent to lease.

1. Name(s) of intended lessee(s): _____
2. Address of same: _____

3. Telephone Number: _____
4. Required Documentation:
 Exact copy of proposed lease including the La Croft Condominium
 Addendum to Lease on Page 3 of this application.

I understand that I may not execute this lease without Board approval, and that I will provide a copy of the signed lease upon execution.

Owner of Record Name

Date

Signature

Submit Application to Resident Manager:

103 W. Dixon AV Unit #102
Charlevoix, MI 49720
SRichards6155@charter.net

Board Lease Approval Completion

1. Date received: _____
2. Date reviewed: _____
3. Approved: _____
4. Disapproved: _____ (provide reason below)

Signature

Date

**LA CROFT CONDOMINIUM
ADDENDUM TO LEASE**

Between _____ (Landlord)
And _____ (Tenant)
Regarding _____, Charlevoix, MI
Unit _____, La Croft Condominium (the "Leased Premises")

The following provisions shall be incorporated into the above referenced Lease as fully as if set forth therein, and shall control over any contrary provisions in the Lease:

1. Compliance with Condominium Documents and Municipal Ordinances. The Leased Premises consist of a Condominium Unit in La Croft Condominium (the "Condominium"). Tenant's right to use and occupy the Leased Premises shall be subject and subordinate in all respects to the provisions of the Master Deed, the Condominium Bylaws, the Association's Rules and Regulations, and any other document referred to those documents that affect the rights and obligations of a Co-owner or occupant in the Condominium (collectively and as may be amended, the "Condominium Documents"). Failure by Tenant, or any person on the Leased Premises or Condominium as a result of Tenant's occupancy, to comply with the provisions of the Condominium Documents shall constitute a material breach of the Lease. Landlord and Tenant shall comply with all City ordinances relating to leasing of the Leased Premises.

2. No Assignment or Subletting. Tenant shall not assign the Lease and shall not sublet the Leased Premises.

3. Release and Indemnification. Except as otherwise provided in the Condominium Documents or by law, Tenant releases and holds La Croft Condominium Association (the "Association") harmless from any damage or injury occurring on or about the Leased Premises to Tenant, their family members, guests or invitees, or to any personal property whatsoever that may be on the Leased Premises. Tenant agrees to protect, indemnify and hold the Association harmless from and against any and all loss, costs, expense, damage or liability arising out of Tenant's occupancy or use of the Leased Premises or Condominium.

4. Assessment Arrearage. As more fully set forth in the Condominium Documents, if Landlord should be in arrears to the Association for assessments, the Association may give written notice of the arrearage to Tenant, and Tenant thereafter shall deduct from rental payments due Landlord the arrearage set forth in the notice, together with future assessments as they fall due, and pay them to the Association. Any such deduction shall not constitute a breach of the Lease by Tenant.

5. Addendum Provisions Control. In the event any provision in this Addendum conflicts with any provision of the Lease, this Addendum shall control.

The parties have executed this Addendum this _____ day of _____, 2021.

LANDLORD

TENANT

Signature

Signature

Print Name

Print Name

La Croft Condominium Association
Notification of Purchase/Transfer
&
Unit Owner Information Form
Bylaws, Article VI Section 15 & Article VIII

Unit # _____

Date _____

Date of Purchase/Transfer: _____

Purchase Price: _____

Owner(s) Name(s) Note: This is the legal owner(s) of the Unit as it appears on the deed. It could be one person, multiple people , an LLC, a Trust, etc.

Designated Owner/Contact Person _____

Mailing Address _____

Phone _____
Home Mobile Work

Email _____

Emergency Contact Person Note: Someone other than the contact person listed above.

Name Phone

Person completing this form

Signature

Printed

Submit form to Resident Manager:

103 W. Dixon AV Unit #102
Charlevoix, MI 49720
SRichards6155@charter.net

**La Croft Condominium Association
Designated Voter Certification**

Unit # _____

I/We, the undersigned record owner(s) of La Croft Condominium Unit# _____ certify that the designated owner listed below shall be entitled to vote and receive all notices and other communications from the Association. **NOTE: The DESIGNATED VOTING MEMBER must be the same individual listed as the Designated Owner on the Owner Information Form and the E-mail Authorization Form.**

We understand that this entitlement will be recorded by the Secretary of the Association and shall remain in effect until revoked, until superseded by a subsequent certificate or until a change in ownership.

DESIGNATED VOTING MEMBER

Name: _____ Mailing Address: _____

Listed Owner(s):

_____ Name	_____ Signature
_____ Name	_____ Signature
_____ Name	_____ Signature
_____ Name	_____ Signature

Submit certification to Resident Manager:

103 W. Dixon AV Unit #102
Charlevoix, MI 49720
SRichards6155@charter.net

La Croft Condominium Association

Email Authorization Option

Unit # _____

I **authorize** La Croft Condominium Association to use the email address set forth below to deliver all notices and communications that the Association is permitted or required to deliver under the Michigan Nonprofit Corporation Act, the Michigan Condominium Act, and the Condominium Documents. I acknowledge that the Association may utilize the email address specified below in lieu of sending any notices or communications by mail, personal delivery or any other method of service, including without limitation meeting notices, violation notices and ballots, except to the extent as may be specifically required by the Michigan Nonprofit Corporation Act or the Michigan Condominium Act.

NOTE: All Designated co-owners will still receive invoices including quarterly dues and assessments via U.S. mail until further notice, and that will be handled with a separate email authorization.

I acknowledge that this authorization will remain in effect until I provide the Association written revocation of this authorization. I also acknowledge that if I wish to discontinue receiving notices and communications at the specified email address, or if I wish to change the specified email address, it is my obligation to notify the Association of the same in writing.

*Designated Owner Contact Person _____
Print

Signature (required)

*Designated email address for future notices: _____

By signing below I decline to use the email contact and prefer to be contacted by U.S. mail only.

Print

Signature (required)

*This Authorization must be executed by the designated voting member for the subject Unit, or in the absence of such designation, all Co-owners of the Unit.

Submit authorization to Resident Manager: 103 W. Dixon AV Unit #102
Charlevoix, MI 49720
SRichards6155@charter.net

La Croft Condominium Association
Article VI, Section 5
Rules & Regulations Chapter 5

PET APPROVAL

I, the undersigned record owner of La Croft Condominium Unit _____ request Board approval for the following pet. I understand that only one pet is permitted per household and that I must abide by the language contained in Article VI, Section 5 of The Bylaws and Chapter 5 of the Rules and Regulations.

1. Pet name: _____ 2. Breed: _____

Signature: _____ Date: _____

Board Completion

1. Date received: _____

2. Date reviewed: _____

3. Approved: _____

4. Disapproved: _____

Signature

Date

Submit form to Resident Manager:

103 W. Dixon AV Unit #102
Charlevoix, MI 49720
SRichards6155@charter.net

La Croft Condominium Association
Bylaws Article VI, Sec. 3 & 14

RENOVATION AND MAJOR REPAIR REQUEST FORM

Owner Data

1. Name: _____
2. Unit: _____
3. Mailing Address: _____

4. Telephone (day): _____ Evening: _____

Contractor Information

1. Name: _____
2. Address: _____

3. Telephone: _____
4. E-mail: _____

Project Summary

1. Describe project:

2. Materials:

3. Time for completion: _____

4. Start date: _____ (Sept 8 or later)

5. End date: _____ (May 22 or earlier)

Owner Requirements Checklist

1. _____ Maintenance and Repair Consent Form (this form).
2. _____ Copy of insurances from contractor.
3. _____ Proof insurance premiums are current and in effect for project period.
4. _____ Owner named 'as an additional insured' on contractor's policy.

Flooring Checklist (additional to above information)

1. _____ Proposal from contractor
2. _____ Cross sectional diagram of how material is to be installed
3. _____ Samples of sound proofing materials, bonding agent, mortar, and hard surface floor material

I agree that all repairs and modifications of Unit _____ will be completed within the time frame identified and that I shall be responsible for any damage to any other units or common elements that result from the requested project.

Signature of owner

Date

Submit form to Resident Manager: 103 W. Dixon AV Unit 102
Charlevoix, MI 49720
Srichards6155@charter.net

La Croft Condominium Association
Bylaws Article VI, Sec. 3 & 14

RENOVATION AND MAJOR REPAIR APPROVAL

This shall be completed by the Board and provided to the requesting owner within 30 days of the receipt of request.

RENOVATION AND REPAIR REQUEST

1. Date received: _____
2. Date reviewed: _____
3. Approved: _____
4. Disapproved: _____ (provide reason below)

Signature

Date

Request Denied

Specific reasons and any engineering or other documentation used in making decision must be provided to owner,

