



# Makani Kai Marina

45-995 Waialele Road • Unit 81 • Kane'ohe • Hawai'i • 96744-3034

## ALTERATION REQUEST FORM

Unit: \_\_\_\_\_ Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alteration Description:

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Contractor Information Needed:

Name / Copy of Insurance (listing AOA Makani Kai Marina as also insured) / License Number/ Warranty

**Is a City building permit required? Yes or No**

The following are required: photographs, detailed drawings and manufacturer brochures to the Board of Directors that show exactly how the modification will appear on completion. The drawings will be concise with all elements of the clearly identified.

I understand that the MKM office will send the owners of the neighboring apartments the proposal for their comments for which they will have 15 days to respond. I understand and agree to a final inspection to verify that the project was completed as approved and that there will be a 30 day limit on making changes required by the inspection. If not completed per approval and within schedule the Association may hire a contractor to complete the project and charge the owner. I understand and agree that, when approved, the responsibility for maintaining the modification and full liability for the modification belongs to the owner and all future owners of the unit.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office: 808-235-4416

Email: [admin@mkmarina.org](mailto:admin@mkmarina.org)