

LIGHT WORK NOTIFICATION

159 MADISON AVENUE

Shareholder / Unit Owner _____ Apt. _____

Day Telephone: _____ Night _____

Description of Work: _____

Name of Contractor: _____

Telephone Number: _____

Start Date: _____ Estimated Completion Date: _____

The shareholder/Unit Owner is responsible each day for cleaning all common areas, including the hallway and service area, and for bringing all debris downstairs. If the building staff must perform additional cleaning or debris removal work, a \$50 fee will be charged for each occurrence.

Work will be stopped if it is found that the work being performed is going beyond the scope of work that is described above or if the work exceeds the established completion date a fee of \$500 plus \$100 per day for each day work is delayed, will be charged to the shareholder as liquidated damages for shareholder breach in so far as it is impossible to determine the actual damage incurred by the corporation on account of said default.

Painting and wallpapering may be done Monday through Friday, 8:30 AM to 4:30 PM. and no work on Saturday without consent of management. All other work that may result in noise of any kind must be done Monday through Friday, between the hours of 8:30 AM to 4:30 PM excluding holidays.

The managing agent must be informed in advance of any work performed that may generate noxious fumes or excessive noise or dust, plus assurances must be provided that the building's occupants will not be disturbed because of this work. Please notate in the description above if this applies to the work you will be doing.

All contractors must sign in and out in the log book located at the front desk prior to commencing any work. **All contractors, and shareholders performing their own work, must provide Certificates of Insurance naming you and your apartment number as the certificate holder and 159 Madison Owners Corp and Century Management Services as additional insured.** Insurance must include workman's compensation. I will indemnify and hold harmless the corporation, its agents and employees from and against any claims, losses, liability, damages or otherwise incurred as a result of the work.

I will be home while this work is being performed or will make arrangements to provide access for my contractor and I will not provide my contractor with keys to my apartment and I will not ask building personnel to provide access.

Please fax this completed form to Susan Pryce, 212-560-6420 along with the Certificates of Insurance for approval by the corporation.

SHAREHOLDER'S/ UNIT OWNERS' NAME: _____

SIGNATURE: _____

DATE: _____

APPROVED: _____

DATE: _____