

RENOVATION APPLICATION FORM

Owner / Applicant's Name: _____

Address: _____

Contact No.: (H/P) _____ (H) _____

PART A

Dear Sir,

I wish to apply for permission to carry out renovation works to my house as detailed:

i) NATURE OF RENOVATION / INSTALLATION / DISMANTLING (may select more than one)

<input type="checkbox"/> Interior Renovation <input type="checkbox"/> Exterior Renovation <input type="checkbox"/> Carpentry / Cabinets <input type="checkbox"/> Electrical wiring <input type="checkbox"/> Roof / Awning	<input type="checkbox"/> Air-cond <input type="checkbox"/> Plumbing <input type="checkbox"/> Others, Pls Specify _____ _____ _____
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ii) Expected duration period: from _____ to _____

iii) Declaration:

I hereby undertake to ensure that the above renovation works will not hinder the issuance of the Certificate of Fitness for Occupation by the appropriate authorities.

I undertake to observe all conditions laid out in the House Rules and Regulation of Renovation Works and any damages suffered by you as a result of the renovation works or negligence on my part shall be borne by me.

Owner's / Applicant's Signature

Name : _____

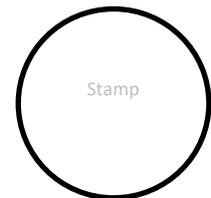
Date : _____

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PART B

(Guidelines for Renovation Works)

- i) All workers must be reported / register to the Guard House
- ii) The management (Persatuan Penduduk Rini Hills 2) reserves the right to request a copy of COVID-19 vaccination certificate for record purpose.
- iii) The security guard reserve the right to ask any of the contractor's worker(s) to leave the premises / sites if they are found in breach of any rules & regulation set by The Management (Persatuan Penduduk Rini Hills 2)
- iv) The house owner / tenant / contractor shall be fully responsible for the conduct and behaviour of his / her appointed contractors and workmen.
- v) The permitted time for carrying out renovation works, please refer to www.rh2.my
- vi) All renovation debris to be disposed completely by the contractor / house owner after the completion the completion of work at contractor / house owner own cost.



Owner's / Applicant's Signature

Name : _____

Date : _____

Contractor's Signature

Name : _____

Date : _____

CONTRACTOR'S REGISTRATION FORM

(This Form must be shown to Security Guard each time to enter Rini Hills 2)

Name of House Owner: _____ Address: No _____Jasa_____

Name of Contractor: _____ Person in Charge: _____

Bussiness Registration Number: _____ Contact No.: _____

LIST OF WORKERS

No.	Name of Workers	NRIC / Passport No.
1		
2		
3		
4		
5		
6		
7		
8		
9		

Note:

All workers must be completely vaccinated with COVID-19 vaccine

OFFICE USE ONLY

APPROVED BY;

Signature

Name : _____

Date : _____

