



# AYRE & OXFORD INC.

PROFESSIONAL REAL ESTATE MANAGEMENT



Accredited Management Organization® (AMO®)

## **Heritage Mansion West Welcome Package** **10945 21 Avenue T6J 6R3**

### **Welcome to Heritage Mansion West Condominiums.**

As a new owner, you will find some important information in this package concerning Property Management contacts, move in policies, rental information and pet registration. This document is not meant to replace your bylaws. Please also ensure you have read and understand your Corporation bylaws.

#### **Property Management Ayre & Oxford Contact Information**

Rose Evans – Managing Partner  
E-mail [roseevans@ayreoxford.com](mailto:roseevans@ayreoxford.com)

Amanda Edwards  
Email [aedwards@ayreoxford.com](mailto:aedwards@ayreoxford.com)  
(780) 448-4984 ext 349

Administrative Assistant  
Email [admin5@ayreoxford.com](mailto:admin5@ayreoxford.com)  
(780) 448-4984 ext 340

Maintenance : Sean Fredeen

Suite 203, 13455-114 Avenue  
Edmonton AB, T5M 2E2  
Ph: **780.448.4984** ~ Fax: 780.448-7297

**Emergencies:**  
**Ayre & Oxford Inc. After Hours Emergency Line:**  
**780-499-8424**

## **AYRE & OXFORD INC.**

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### **General Building information**

#### **Move In & Move Out Guidelines:**

1. The owner moving in or out must schedule the mover for a time between 8:00 am and 5:00 pm on the day approved by the Board and giving the Board at least 1 day notice.
2. The owner must schedule the move with the Board so that the “moving blankets” can be installed in the elevator.
3. Only one move may be booked per day.
4. The Elevator “Lock-Off” key must be obtained from the Board and given the instructions of its use to the owner. The elevator must only be locked off during the loading or unloading of the elevator. Furniture must be staged at the elevator entry and exit so that elevator lock-off time is kept a minimum. The owner must post someone at the main lobby to not let any strangers in while the move is underway.
5. Residents must be allowed to use the elevator between elevator loads. Complete loading of the elevator must be done from staging the furniture at the elevator lobby and completely unloading of the elevator at the destination floor or vice versa.
6. The owner who is moving must instruct the movers to close the exterior door of the entrance to the main lobby between trips in the elevator.
7. The owner is responsible for any wall, doorway or flooring damages that may occur during a move. A Board Member will inspect the moving route with the owner before and after the moving is completed. All damage costs are the responsibility of and billed to the owner who is moving.

#### **Age Restriction:**

Per the Condominium Corporation’s bylaws,

**RESIDENTS MUST BE 40 YEARS OF AGE OR OLDER:**

##### **63.V. Restrictions on Occupation**

b) A Unit shall not be occupied by a person or persons who have not attained or will not have attained his or her fortieth (40<sup>th</sup>) birthday within twelve (12) months of occupancy of the said Unit (hereinafter referred to as “40<sup>th</sup>” birthday). Please Review The Complete Bylaw #63.V. For Exceptions.

#### **Pet Restriction:**

Heritage Mansion West is a pet free building.

#### **Rental Units:**

If you intend to rent your suite, please notify Ayre & Oxford Inc. within 21 days of the Rental.

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### **Rental Policies/Regulations:**

1. Application for rental units will be made by Unit Owners using the format of the Owner Contact, Notice of Intention to Rent, and Tenant Receipt of Bylaws forms, provided in this package. Applications will not be processed without all of the required information and documents.
2. Tenants/Lessees' will be required to sign an undertaking in agreement to be bound by the Bylaws, rules, regulations and rental policies.

### **Insurance:**

It is mandatory that all owners and tenants if renting have proper condo insurance. A copy of the insurance documents must be presented to the management company for their records. The Condominium Corporation carries Real Property All Risk Insurance, which provides coverage to the full replacement value of all real property in the condominium complex. This policy does not cover the individual unit owner in two important areas:

- Insurance coverage on your personal belongings and
- Insurance coverage for personal liability
- Insurance on Betterments, or improvements

To protect these important areas you should purchase a Condominium Unit Owners Policy. This a package designed specifically for this unique type of ownership. Contact your insurance agent to ensure that your needs are adequately met.

### **Noise and disturbance:**

Condominium living can be a new experience for some Owners and Occupants. Please note, some noise transference can and will occur. We ask that care is taken to ensure this is taken into consideration.

For your reference, we would like to take this opportunity to remind owners and occupants of the current procedure in place for notification of noise complaints, should you experience noise causing you discomfort please follow the steps below.

- Notify the Property Management of the complaint in writing, noting as much detail as possible, including dates, times & type of noise.
- If the complaint is for noise after 10 pm, or of extreme nature, in addition to reporting the occurrence to the Property Management Company, report it to the police during the occurrence. Police reports can be used to substantiate complaints should further action be required to rectify the issue and can also result in additional City Bylaw fines.

### **Types of common noise complaints:**

- Late night/ early morning exterior noise, which carries from balconies
- Music & Loud bass
- Dogs Barking

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- Parties indoors with windows open during late nights
- Banging/ thumping late at night

### **Thinking of selling?**

It happens – everyone's needs change over time. Note though that when you are selling the real estate agent you work with or potential buyers are usually interested in some key documents:

Condo Bylaws  
Previous AGM minutes  
Insurance Certificate for building  
End of year financials  
Reserve Fund Study

All these documents have been provided to owners in the past. By law you only have to make these available for VIEWING (by appointment at Ayre & Oxford Inc.) however to speed up the sales process most sellers keep a copy of the documents handy. Please remember that if you need this documentation reproduced there is a fee which can be \$300-400 depending on the needs of the buyer. So be sure to have your bylaws and keep your AGM information in a handy spot!

### **Garbage:**

We strongly encourage everyone to recycle and please be reminded:

- ⊗ Please DON'T put your garbage beside the dumpster – it won't get picked up by the garbage folks and ends up being strewn across the property. If we have to hire someone to clean up garbage left outside the bin or in the building that cost gets passed on.
- ⊗ Please DON'T put your garbage in the hallway, lobby mailbox area garbage, or in stairwells.

### **Fire:**

The Condominium is constructed of fire resistant materials. Fire resistant walls deter the spread of fire from one suite to another. However, no building is 100% fire proof. The building has a fire alarm system that will alert the whole building when it is activated manually. You must know the location of and how to operate the fire alarm "pull stations."

- The building has fire resistant stairways that are marked on all floors by EXIT signs. The stairway doors must be kept closed at all times.
- In case of emergency or fire, DO NOT PANIC. Follow all instruction and move at a steady pace. Know what you should do, and then do it. Keep calm.
- Once you have left the fire area, do not return.

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### **Evacuating - No Assistance Required:**

If you hear an alarm and are able to evacuate without assistance:

- Stop what you are doing.
- Close all windows and balcony doors.
- Before opening your suite door, lay your hand flat on the surface of the door. If it is cold, feel the door above the handle. If it is also cold, open the door slowly and check the hallway for smoke.
- If you see smoke outside the door, remain in the suite. Close, but do not lock your door. Press wet towels or cloths around the door to seal the cracks.
- Phone 911 and inform the dispatcher of your location and situation. Wait to be rescued in your unit.
- If the exterior hallway is clear of smoke and fire, close your suite door (do not lock it) and proceed to the nearest exit stairway that leads to the main floor lobby. Do not use the elevators - Elevators will not work once the fire alarm is activated.
- Feel the stairway door before you open it. If it is cool and if there is no smoke in the stairway, proceed at a steady, unhurried pace down the stairs.
- If, while descending the stairs, you find you are entering a smoke area, immediately leave the stairway and proceed down an alternate stairway. Remember to check the door for fire first.
- Leave the building. Assemble well away from the building, taking care not to block any of the entrances or impede the work of fire personnel.
- The Fire Captain may give instructions over the communication system during an alarm if further direction is required. Normally, the communication system is not used.

### **Evacuating - Assistance Required:**

If you hear an alarm and require assistance to evacuate, it is the owners' responsibility to advise the fire department of their location.

- Go to a room with an outside window and a telephone, closing all doors between you and the fire.
- If you have a portable phone, keep it with you. Call the fire department to let them know where you are.
- If there is no fire in your area, close all doors and stay put.
- If there is smoke or fire in your area, go to another room with a window and wait.
- Go to a room with an outside window and a telephone, closing all doors between you and the fire.
- Stuff the cracks around the door and cover vents with a cloth to keep out smoke.

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- Call the fire department and tell them exactly where you are.
- Wait at a window and signal for help with a flashlight or light colored cloth.

Note: Any residents that can exit should exit. It will always be safer to remove someone from a fire scene before it turns into a tragedy than after.

### **What to do in case of fire in your suite.**

- Alert everyone in the suite.
- Call 911 and inform the operator of your location and whether you need assistance to evacuate.
- Leave your suite. Close but do not lock the door.
- Sound the fire alarm in the hallway.
- If you are able and do not need assistance, leave your floor via the stairway. Do not use an elevator.
- Walk, do not run, to the main entrance.
- Meet the fire officers at the front door, unlock the front door and inform them of the location of the fire.
- If you need assistance, proceed to and enter the stairway shaft, close the door and wait for a fire officer to come and assist you.

### **General Safety Reminders:**

- Avoid careless smoking. Observe No Smoking areas. There is no smoking in any of the common areas.
- Replace unsafe electrical appliances, frayed extension cords, octopus plugs, etc.
- Unplug all appliances when you are vacating your suite for a prolonged period.
- Advise Ayre & Oxford Inc. of intended lengthy absences.
- Avoid unsafe cooking practices. Be careful when deep-frying or fondue cooking

### **Balconies:**

Balconies are considered common areas. They must be kept clean of junk not appropriate for this area. No storage of garbage etc. allowed. Basically if it is an eyesore it's not allowed. We want everyone to be able to enjoy their balconies so common courtesy in respect to noise levels is appreciated. If it gets noisy take the party inside and close the sliding door. Loud noise after 9:00 pm is frowned upon, keep in mind noise travels and for the comfort of other residents please keep it down. Satellite Dishes are not allowed. Cigarette's are NOT to be thrown off of balconies. They are to be disposed of in proper waste receptacles.

### **Unit Owner Maintenance Responsibilities:**

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### **Balcony / Patio Standards:**

1. Balconies must be kept free of garbage and household items except for barbeques and appropriate outdoor furniture.
2. Christmas decorations must be removed by April 1<sup>st</sup>.
3. Balconies may not be used for storage or hanging laundry.
4. Balconies must not contain anything that is unsightly, offensive, or that reduces the general attractiveness of the area.
5. For apartments on the main floor with a railing around the patio, note: any alterations to the rail including the addition of a gate is to be approved by the Board of Directors in advance.

### **Window, Patio Door, and Door Standards:**

1. Only window coverings produced specifically for covering windows shall be placed on windows.
  - a. Foil, blankets, signs, sheets, flags, boards, cardboard, and window coverings containing logos, pictures, or words in any language are not allowed.
  - b. Window coverings that, at the sole discretion of the Condo Corp Board, are unsightly are not allowed.
  - c. Ornaments or objects that, at the sole discretion of the Condo Corp Board, are unsightly or offensive must not be placed where they are visible through windows or doors.
  - d. Windows may not be painted.
  - e. Windows must be kept free of damage.
2. Patio Doors: All the same standards apply to patio doors as apply to windows.
3. Doors:
  - a. Only makes and models of screen doors approved by the board may be installed on a unit.
  - b. Christmas decorations must be removed by April 1<sup>st</sup>.
  - c. New locksets must be the same color, finish, and style as the original locksets.
  - d. Doors must be kept clean and free of damage.

**Remedies:** If a unit owner fails to maintain his unit, balcony, and yard according to the above standards then the following will occur:

1. Fines will be levied by the Condo Corporation at their discretion
2. The condo corporation, at their discretion, will bring the unit up to the required standard and will charge the cost of the maintenance and repairs back to the unit owner.

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### ***Heritage Mansion West***

#### **Contact Information Update Form**

How would you like to receive your Condominium Correspondence?

EMAIL ONLY ☐

EMAIL NOT MANDATORY, BUT ☐

MAIL ONLY ☐

PREFERRED; MAIL LEGAL DOCUMENTS

**\*\* Please ensure that your address filed with Land Titles is kept up-to-date at all times to ensure you receive important Legal documents pertaining to your Property, which will continue to be mailed to the Address registered on Land Title. \*\***

Suite No.: \_\_\_\_\_ Building (where applicable): \_\_\_\_\_

#### **OWNER INFORMATION**

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if offsite): \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact/Agent: \_\_\_\_\_

Emergency contact primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

#### **TENANT / RESIDENT INFORMATION, (if different from Owner):**

Name(s): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Please be reminded that the Owner(s) is/are responsible to ensure the Tenant(s) receive all applicable correspondence.

#### **CARS OWNED OR USED BY OWNER/RESIDENTS parked on Condominium Property:**

##### **Car #1.**

Parking stall number: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

##### **Car #2.**

Parking stall number: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information requested above is required as per your Bylaws and the Condominium Property Act. Please ensure you submit a new form with any changes to any of the above information. Changes are accepted in writing only, to ensure no discrepancies.

**Once completed, please sign and return the form to [admin5@ayreoxford.com](mailto:admin5@ayreoxford.com), or via fax, regular mail, or drop it off to our office, contact information provided on the letter head.**

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**Heritage Mansion West  
Parking Stall Rental Agreement**

The Owners: Condominium Plan# 922 2493 hereby agree to rent to:

\_\_\_\_\_ of Unit# \_\_\_\_\_, 10945 - 21 Avenue  
Edmonton, AB, Condominium Plan# 922 2493, (the Renter), Parking stall# \_\_\_\_\_.

All By-laws and Rules & Regulations of the Condominium Corporation regarding the use of Parking Stalls shall apply to this Agreement.

This Rental Agreement shall be for a period from \_\_\_\_\_ to and including \_\_\_\_\_ and shall be renewable at the option of the Renter, within thirty (30) days of the expiry of this Agreement.

The Annual Rental for the Parking Stall shall be three hundred and sixty dollars (\$360.00) per year, due and payable in advance.

The Condominium Association reserves the right to change the annual rental rate at the time of renewal.

This agreement is non-transferable and shall demise with the sale of Unit # \_\_\_\_\_ Condominium Plan # 922 2493.

Signed and Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Board of Directors  
Condominium Plan# 922 2493

\_\_\_\_\_  
Director

\_\_\_\_\_  
Director

\_\_\_\_\_  
Renter

\_\_\_\_\_  
Renter

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## **Heritage Mansion West Alberta Treasury Branch Pre-Authorized Chequing Authorization for Debit Transfer**

Unit #: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Name: \_\_\_\_\_  
Complete if the name the account is under is different from Condominium Owner's name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No : \_\_\_\_\_ ( work) \_\_\_\_\_

### **CIRCLE YES or NO**

- 1. New Pre Authorized Plan for Ayre & Oxford Inc.? YES NO**
- 2. Bank Information Change (If Applicable)? YES NO**

I, \_\_\_\_\_; Hereby authorize Alberta Treasury Branch (ATB) and:  
**Ayre & Oxford Inc.**  
**#203, 13455 – 114 Avenue**  
**Edmonton, Alberta T5M 2E2 Telephone: (780) 448-4984**

**To transfer monies in the amount of the monthly condominium fees from my account at the following location:**  
**Please note outstanding balances CAN NOT be paid thru Pre-authorized and must be paid by either cheque/money order or Condo Café)**

Financial Institution Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

I authorize Ayre & Oxford Inc. and ATB to use the services of any member or affiliate of the Canadian Payments Association (CPA) in carrying out this authorization. I agree to be bound by the standards, rules and practices of the CPA as they may exist from time to time. I agree to give written notice of cancellation of this authorization to Ayre & Oxford Inc. and to be bound by this authorization until Ayre & Oxford Inc. has had reasonable time to act on the notice. Ayre & Oxford Inc. and/or ATB may terminate this authorization by providing me with ten (ten) days notice. I undertake to inform Ayre & Oxford Inc. within ten (10) days of any changes to branch, account and institution number while this authorization is in effect.

**It is the Condominium Owner's responsibility to notify Ayre & Oxford Inc. of cancellation or changes to the Pre-Authorized account on or by the 23<sup>rd</sup> of the current month.**

**I understand there will be a service charge of \$35.00 if any withdrawal is returned. (This service charge is subject to change without notice.)**

Commencement Date: \_\_\_\_\_ 1, 20\_\_\_\_ **(We must receive this form by the 24<sup>th</sup> of the month before the commencement date.)**

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to [receivables@ayreoxford.com](mailto:receivables@ayreoxford.com)

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**A VOID CHEQUE or BANK CONFIRMATION MUST BE ATTACHED**

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**Cease to Rent Heritage Mansion West**

To: Board of Directors: Heritage Mansion West

Unit #: \_\_\_\_\_

I / We \_\_\_\_\_

Cease to rent the aforementioned suite effective: \_\_\_\_\_  
date.

My/Our mailing address for future correspondence is:

\_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

I/We would like to request that our Rental Deposit be returned by (check the applicable box):

☐ Mail to the above noted address.

☐ I/We would like to be notified when the cheque is ready and come to the Ayre & Oxford office to pick it up in person.

**FOR OFFICE USE ONLY**  
**RETURN OF RENTAL DEPOSIT CHEQUE REQUEST**

PROPERTY: \_\_\_\_\_

PAYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

NOTES: \_\_\_\_\_

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***Heritage Mansion West  
Tenants Receipt of Bylaws***

To: Board of Directors: Heritage Mansion West Condominiums

Unit # \_\_\_\_\_

Address: \_\_\_\_\_

In consideration of the attached application to lease unit # \_\_\_\_\_, please be advised of the following:

I/We (the tenants)\_\_\_\_\_ have  
received a copy of the Corporation bylaws, for review.

I/We (the tenants)\_\_\_\_\_ agree to  
undertake the bylaws.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Tenant 1

\_\_\_\_\_  
Signature of Tenant 2

\_\_\_\_\_  
Print Name of Tenant 1

\_\_\_\_\_  
Print Name of Tenant 2

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**NOTICE OF INTENTION TO RENT/LEASE  
Heritage Mansion West Condominium Corporation No. 882 2712**

I/We, \_\_\_\_\_ as owner(s)  
of Unit Number \_\_\_\_\_, intend to rent/lease the unit to:

\_\_\_\_\_  
(name(s) of proposed tenant/lessee)

A copy of the proposed rental agreement/lease showing the terms thereof, the amount of the rental to be paid and the circumstances under which it may be terminated prior to expiry is attached.

My/Our mailing address for service of legal process is:

\_\_\_\_\_  
I/We undertake to pay the Condominium Corporation and to indemnify it against any damage sustained by the Corporation or any other person as a result of the tenant's/lessee's breach of any Bylaw or any damages resulting from negligence or nuisance committed by the tenant/lessee.

I/We understand and agree that any unpaid charges resulting from damage sustained by the Corporation or any other person as a result of the tenant's/lessee's breach of any Bylaw or any damages resulting from negligence or nuisance committed by the tenant/lessee will be applied against Condominium fees paid; resulting in action taken as per the Corporation . The Corporation also has a charge against the estate of the defaulting owner, for any amounts that the Corporation has the right to recover under these by laws. The charge shall be deemed to be an interest in the land, and the Corporation may register a caveat in that regard against the title to the defaulting owners unit. The Corporation shall not be obliged to discharge the caveat until all arrears, including interest and enforcement costs have been paid.

I/We have fully explained to the prospective tenant/lessee the provisions of Sections 53 - 57 of the Condominium Property Act and we have provided the tenant with a copy of the Corporation's Bylaws.

I/ We understand that the Residential Tenancies Act may affect us and our tenant. If there is a conflict between the Residential Tenancies Act and the Condominium Property Act, the Condominium Property Act applies.

Attached is a cheque for the deposit (one month's rent) in the amount of \$1000.00 or one month's rent which is ever greater and \$150 move in fee if applicable Yes\_\_\_\_\_, or No\_\_\_\_\_.

DATED at Edmonton this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

\_\_\_\_\_  
Attachments: Rental Lease Agreement & Certified Cheque

## **Unit Renovations**

The Board of Directors must be advised in writing of all proposed in suite renovations, including all flooring changes. All structural, mechanical or electrical alterations or additions to any unit **MUST BE PREAPPROVED IN WRITING BY THE BOARD OF DIRECTORS**, failing which the Board has the authority to restore or remove the alterations or additions and charge all costs incurred back to the Owner.

### **PLEASE REVIEW BYLAW #63.II.(y).**

When renovations, including flooring changes, are approved, the unit Owner must:

- a) Hire qualified contractors holding current WCB and liability insurance coverage;
- b) Review his personal insurance to ensure adequate coverage for the betterments and improvements;
- c) Ensure his contractor removes all materials from the site and does not use the onsite garbage bins.
- d) Ensure he or his contractor completes any necessary cleanup of common property areas (hallways, elevator, etc.) and/or repairs any damages caused by the contractor to any common property areas.
- e) Ensure all work takes place between 8:30 AM and 6:00 PM Monday through Friday only, excluding all legal holidays. (Refer to bylaw#63.II.(cc).)
- f) Be aware that hardwood flooring may result in additional noise concerns for the adjoining units. Superior performance acoustical underlayment must be used when installing any/all hard surface flooring. Should the Board receive noise complaints after the new flooring is in place, the Board may require the Owner to place area rugs over the flooring.

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***Heritage Mansion West  
Suite Renovation/Alteration Form***

Date of Application: \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Interior Enhancement: \_\_\_\_\_

**DESCRIPTION OF PROJECT(S)** – Exterior:(Deck, Fence,Sun/Screen room, Other)

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**Permit Required:** YES \_\_\_\_\_ **NO** \_\_\_\_\_(If yes, enclose copy for file)

**Material(s) to be used in construction:**

**NOTE:** low, minimal or maintenance free materials must be used in construction, and must meet with municipal and provincial codes & requirements

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**Color(s): NOTE:** If enhancement is exterior, it must coordinate to existing exteriors

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**Dimensions, Specifications:**

(attach a detailed sketch or drawing of the project showing dimensions, including proximity to adjoining properties. If interior enhancements involve structural changes, an engineer's report may be required.)

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**Contractor(s) or persons responsible for construction and contact numbers:**\_\_\_\_\_

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**Estimated completion date of project(s):**

**NOTE:** owner(s) accepts responsibility for timely completion of construction project

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**Units that may be affected and/or impacted by construction:**

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### **Owner(s) to complete the following section:**

I/we, \_\_\_\_\_, as homeowner(s) of Unit \_\_\_\_\_, accept all responsibility for construction and associated costs including permits as well as any/all related maintenance of these projects. I/We also accept full liability for any and all damages caused as a result of the failure of any electrical, plumbing and/or structural components changed during the course of the renovation.

When these enhancements are complete, these projects will be discussed with my/our insurance agent. If applicable my/our insurance coverage will be increased to cover replacement costs associated with these items. I/We are aware and accept full responsibility for any additional insurance premiums incurred as a result of these improvements to my/our property and unit.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature

### **Office to complete the following section**

Board members concerns and/or any related conditions of approval OR denial and reason for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved / Denied (Please circle and initial one)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, \_\_\_\_\_  
(Property Manager)

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## AMENITIES ROOM USE AGREEMENT

### Heritage Mansion Condominiums

By executing this agreement, the undersigned hereby agrees to abide and adhere to the following conditions, regulations and posted signs as they may relate to the use of the Amenities Room.

Building: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_ Suite # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

#### 1. Conditions of Use:

- A deposit of **\$250.00** and a fee of **\$50** is to be paid upon booking.
- All bookings are to be done through a Board member.
- Please allow for two weeks processing.
- Purpose for booking for meeting use only.
- The management reserves the right to cancel access at any time if the undersigned is in violation of this agreement.
- Dirty footwear and Smoking is not permitted in the Amenities Room.
- Food and drink, other than bottled water are not permitted without the consent of management within designated areas as a part of a signed agreement.
- Consumption of alcohol is strictly prohibited without the consent of management, within designated areas as a part of a signed rental agreement.
- Neglect or abuse of the building and/or its equipment will not be tolerated.
- Guests must be accompanied by a resident/tenant at all times.
- All functions must end **no later than 11:00 pm weekdays and 11:00 pm on Friday/Saturday**. An additional ½ hour will be allowed for cleanup.
- Contravention of any or all of the above regulations by a resident/owner or their guests shall constitute a breach of this agreement.
- The Board of Directors may from time to time make such other and further reasonable rules and regulations and the residents/owners, their families, visitors and guests shall adhere to such rules.

2. A full review of the site will be conducted by \_\_\_\_\_ before the deposit is returned. Should damages be found during the walk-through above the deposit amount, it will be the responsibility of the unit owner. In the event the resident is a tenant, the owner so charged may in turn charge back the tenant as per their personal agreement not to incur the fees of the damages.

|                                                          | Prior to Use |       | Further to Use |       |
|----------------------------------------------------------|--------------|-------|----------------|-------|
| a) Walls clear of makings/damages                        | LI Yes       | LI No | LI Yes         | LI No |
| b) Flooring clean and clear of damage                    | LI Yes       | LI No | LI Yes         | LI No |
| c) Nearby common areas clear of damage                   | LI Yes       | LI No | LI Yes         | LI No |
| d) Time event began _____ Key Provided by: _____         |              |       |                |       |
| e) Time event was completed _____ Key Returned by: _____ |              |       |                |       |

**Prior to Event:** Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the presence of \_\_\_\_\_

x \_\_\_\_\_

x \_\_\_\_\_

**Further to Event:** Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and submitted to \_\_\_\_\_

x \_\_\_\_\_

x \_\_\_\_\_

**AYRE & OXFORD INC.**

Professional Real Estate Management

Accredited Management Organization®(AMO®)

**Amenity Room Request Form  
Heritage Mansion Condominiums**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of Event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Times Room Requested: \_\_\_\_\_

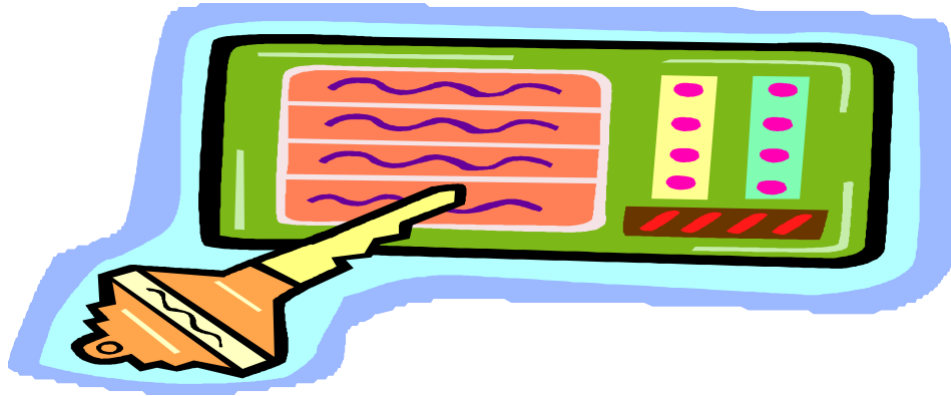
Approximate number of people attending: \_\_\_\_\_

Please return to Trish Reilly at your earliest convenience by fax  
(780)448-7297 ext. 334 or by e-mail at [admin5@ayreoxford.com](mailto:admin5@ayreoxford.com)

Yours Truly,  
Ayre & Oxford

# Intercom Update

## Heritage Mansion



Please be advised an Intercom system is installed and all entrance doors to the building is secured.

The system works by using a 3 digit number assigned to your suite which has to be entered by your guest who activates your home telephone or your cell phone. You may then allow your guest access to the building by pressing "9" on your phone pad.

To activate your Intercom we require the telephone or cellular number you wish to use along with your name or "Occupied" to be displayed.

Please fill out the following information and return it to [admin5@ayreoxford.com](mailto:admin5@ayreoxford.com) or to the office at:

Ayre & Oxford Inc.  
Suite 203, 13455 – 114 Avenue  
Edmonton, AB T5M 2E2  
FAX: (780) 448- 7297

**\*\*Can only be hooked up to one (1) local number.\*\***

**Building #:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Owner/Tenant Name(s):** \_\_\_\_\_

**Name Displayed or "Occupied" :** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date to be changed** \_\_\_\_\_

# **AYRE & OXFORD INC.**

Professional Real Estate Management

Accredited Management Organization®(AMO®)

## **PROPERTY RESIDENT COMPLAINT FORM**

Today's Date: \_\_\_\_\_ Building Name / Address: \_\_\_\_\_

Name: \_\_\_\_\_ Suite: \_\_\_\_\_ Owner or Tenant? \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complaint Against Suite #: \_\_\_\_\_ Type of complaint: \_\_\_\_\_

If the complaint is noise, describe the type of noise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How frequent is this occurring? \_\_\_\_\_

How long does this occur? \_\_\_\_\_

At what time of day? \_\_\_\_\_

Location / source of the complaint? \_\_\_\_\_

How is it affecting you? \_\_\_\_\_

Is it affecting anyone else? \_\_\_\_\_

Other relevant details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to attend court in the event that this issue escalates to that point: \_\_\_\_\_

*The information collected here is for legal and record keeping purposes only. Your information will not be shared with the offenders unless required by law.*

### **FOR OFFICE USE ONLY:**

1<sup>ST</sup> COMPLAINT

2<sup>ND</sup> COMPLAINT

3<sup>RD</sup> COMPLAINT

4<sup>TH</sup> COMPLAINT

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_