







3 - CONTRACTOR

Company name _____

Contact person (name, telephone/email)_____

Quote number _____ Date of issue _____

APPLICATION TO INSTALL FLOOR COVERING

PLEASE READ THIS: Anything other than similar-for-similar carpet replacement requires some understanding of acoustical performance of floors. If you do not have a good understanding of that, please select a supplier / installer who is knowledgeable, or engage an acoustical consultant. Floor noise transmission is one of the biggest sources of complaints and acrimony between residents in multi-storey apartment buildings. Allow plenty of time for the process of selecting a suitable floor and obtaining documents with evidence of acoustical performance. For quick approval, you want a floor that will achieve Association of Australian Acoustical Consultants (AAAC) 5-star performance for impact sound transmission from your apartment to the one directly below; beneath your floor covering, there is only a 200mm concrete slab with no (zero) suspended ceiling below. The strata company does not prescribe any specific products but looks at the measured or estimated acoustical performance of the floor you propose. If your application is not complete and clear, it will take longer to get approval to install a floor covering. Date (dd/mm/yyyy) _____ / ____ / ____ Note that applications must be submitted with allowance of due time for evaluation and approval. 1 - APPLICANT If applicant is not the Proprietor of the Lot, please attach evidence of authority to act and tick here Ceresa Lot number _____ Email ____ Telephone (home, mobile) **2 - DESCRIPTION OF FLOORING** (e.g., Wood, ceramic tiles, PVC, Carpets). Please provide clear information (evidence) about the acoustical performance of the proposed floor. That could be direct measurements, or be professional estimates based on standard laboratory measurements. You must include reliable documentary evidence to support the claimed performance. Note specifically that Ceresa has 200mm concrete floor slabs, with no (zero) suspended ceiling below; the claimed acoustical performance must take proper account of the Ceresa setting. Please include specification sheets for floor covering components (e.g., floorboards, underlay). Fire rating is of particular interest. Type of flooring Type of underlay and or sound isolation ______ Sound transmission level (Impact LnTw) of the complete floor _ Measured or estimated from standard test results. Refer to AAAC guidelines. Do the supplier and installer guarantee that level of sound isolation? Normally suppliers give no written guarantee, but you may ask if you want recourse in the event that your floor is too noisy.

Please ensure that the contractor acknowledges the restricted h	hours, access, and parking during the works
5 – OTHER INFORMATION Will the works require the use of a skip? ☐ Yes ☐ No If yes, plead Will contractor's vehicles require parking space not within your carrangements	
6 - DECLARATION AND INDEMNITY	
 caused from the installation and use of the flooring. The proposed installation of the fixture and/or improvement Local, including the Strata Titles Act, and Strata by-laws); The owners of Owners of Ceresa River Apartments, Strata Skind whatsoever, which may be done to the development of incurred by the Applicant or his/her agents, employees, tra 	oss sustained to the buildings and common property directly int will be in accordance with all relevant laws (Federal, State, and Scheme 5597 will be fully indemnified against any damage of any or to any property under their control. Should damage be adespersons, tenants or others, the damage will be immediately
repaired and made good at the sole expense of the Applica 5. All costs, fees and charges in respect of the fixture and/or in	int. mprovement will be at the expense of the Lot in respect of which
application is made.	improvement will be at the expense of the Lot in respect of which
	s the peaceful enjoyment of other residents I/We understand and better floor covering, or to improve the level of sound isolation.
/We,agree to the above terms and conditions for my/our prescribed	
Sign	Sign
Date/	Date//
7 - STRATA COMPANY APPROVAL – APPLICANTS SHOULD NOT	COMPLETE THIS SECTION
Date application received / / Rev	Application complete?
Objections received: Units	– details attached
Simplified approval (same as works approved previously)? \Box Ye	es 🗆 No
Requires GM approval? Yes No	
Scheduled for consideration at COO meeting on (date)/	_/
Approved (signature) Date:	//
Annroval sent by Strata Manager on date: / /	