



**FORM-24**

**Application for Permission to carry out Interior Work**

To  
The Estate Manager,  
BGAOA

Date :

From  
Name : (Owner / PoA Holder)  
Address :  
Phone :  
Email :

Dear Sir,

I wish to carry out the following Interior work in my Apt. No. \_\_\_\_\_

(Check ALL ITEMS BELOW as appropriate – Refer Policy for Details)

- Category 1 : Fixing/Repairing Consumer Durables : Yes / No  
Fixing Factory - Made Furnitures, Fixtures : Yes / No  
Others – Specify (\_\_\_\_\_) : Yes / No
- Category 2 : Making of Furnitures (Wood Work) : Yes / No  
Making and fixing of Cupboards, Almirahs etc : Yes / No  
Painting and Polishing of Carpentry : Yes / No  
Painting of Walls, Windows, Doors : Yes / No  
Plaster of Paris work / False ceiling : Yes / No  
Fixing of broken Tiles, Laying of Tiles : Yes / No  
Fixing of Grills, Protective Doors : Yes / No  
Others – Specify (\_\_\_\_\_) : Yes / No
- Category 3 : Breaking Wall, New opening in the wall : Yes / No  
Replacement of Tiles : Yes / No  
Plumbing changes : Yes / No  
Electrical Wiring involving groove cutting in walls : Yes / No  
Modification to Apt. layout vis a vis Orig. Sale deed : Yes / No  
Construction of any kind (Inside the Apt) : Yes / No  
Construction of any kind (Private open area) : Yes / No  
Others – Specify (\_\_\_\_\_) : Yes / No

Schedule of Work : From \_\_\_\_\_ to \_\_\_\_\_ (\_\_\_ Weeks)

Estate Office, C Block, Brigade Gateway, 26/1, Dr Rajkumar Road, Malleswaram West, Bangalore – 560055

Phone : 080 2357 6622



## BRIGADE GATEWAY APARTMENT OWNERS' ASSOCIATION

Registration No : RJN-1-01149/2015-16

(Registered Under the Karnataka Apartment Ownership Act 1972)

I have fully read the Policy in respect of the Interior work in the Apt. and will comply with it.

I fully indemnify BGAOA from any risks and liabilities out of the work carried out by me as above. I will take the responsibility to correct the damage caused, if any, arising out of the work as above at my cost, both to the common areas /utilities and the properties of co residents.

I will be responsible for the conduct and behavior of the workmen who are authorized by me to carry out the above work in my apartment.

Signature and Date :

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Recommendations of Estate Manager : Approved / Reject / Refer to BEL Engg.  
Reason for Reject :

Signature and Date :

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APPROVAL OF CATEGORY 3 WORK ON REFERENCE BY ESTATE MANAGER

(Approval to be Obtained by the Applicant from BEL Engineering Division)

Recommendation : Approved / Rejected

Reason for Rejection :

\*Certified that the above work does not harm the building structure or cause injury to the property of the applicant and other residents of the complex.

\*Certified that the modifications approved does not violate the Original Sale Deed clauses and any other municipal and statutory and legal approvals

(\*) – Applicable if the request is Approved.

Signature, Name, Designation of the Approving BEL official :

Date :

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Security Deposit Paid :

Details of Cheque / DD (Bank, Branch, Number and Date) :

Received by (Name, Designation of BGAOA Accounts Dept) :

Date :



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## FORM-24a

### Permission For Access to BG Residential Complex to carry out Interior Work

APT. No. :

PERIOD OF WORK : From \_\_\_\_\_ TO \_\_\_\_\_(Both days inclusive)

Extension 1 : From \_\_\_\_\_ TO \_\_\_\_\_ (Reason : \_\_\_\_\_ )

Extension 2 : From \_\_\_\_\_ TO \_\_\_\_\_ (Reason : \_\_\_\_\_ )

#### **Work Force :**

Sl No	PHOTO	NAME	ID Proof	Address Proof
1.				

2.

3.



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4.

5.

6.

7.

Record of Violations Noted (To be entered by the Security Supervisor, BGAOA)