



15 Oland Crescent
 Halifax, N.S.
 B3S 1C6
 Phone: 1-800-320-9880 or 902-450-9000
 Fax: (902) 450-5454
 Email: info@ahwp.org, Web: www.ahwp.org

ENROLLMENT NO.

RENOVATION ENROLLMENT FORM

MEMBER DETAILS

MEMBER NAME	MEMBER NO.
MEMBER ADDRESS	POSTAL CODE

RENOVATION DETAILS

Non Structural

Structural

Civic #: _____ Street: _____

City: _____ Province: _____

ANTICIPATED START DATE: (MM/DD/YY) _____ ANTICIPATED FINISH DATE (MM/DD/YY) _____

DETAILS OF RENOVATION

- Electrical
- Plumbing
- Foundation
- Asbestos Removal
- Photos Attached
- Scope of Renovations attached

STRUCTURAL WARRANTY ONLY – PLEASE CIRCLE THE OPTIONS THAT APPLY TO YOUR PROJECT:

- Complies with the prescriptive requirements of part 9 of the National Building Code, adopted by local Authority having Jurisdiction.
- Designed by a professional engineer, to comply with the National Building Code, adopted by local Authority having Jurisdiction. (**Stamped design of plans to be attached**)
- Designed by product manufacturer/suppliers engineer (who supplied the product) to comply with the National building Code, adopted by local Authority having Jurisdiction (roof trusses, manufactured beams, floor joists as examples);
- The existing structure is suitable for this structural upgrade without comprise

- Non Structural -REGULAR MEMBER (R) \$345.00
 -PROBATIONARY MEMBER (PB) \$414.00
- Structural – REGULAR MEMBER (R)..... \$575.00
 - PROBATIONARY MEMBER (PB)...\$650.00

All pricing include applicable taxes

AHW relies upon all representations made on this Renovation Enrollment Form.

MEMBER'S / REP. SIGNATURE _____

DATE _____