

**CONTRACTOR AUTHORIZATION FORM**

**Hawthorne Place Condominium Trust  
2 Hawthorne Place  
Boston, MA 02114  
Phone: 617-723-4937, Fax: 617-723-7438  
managementoffice@hawthorneplace.com**

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

Building/Unit Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Brief description of work being performed:

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

Does work performed require a plumber or electrician: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate of Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contractor State License Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

All permits, as required by the City of Boston, must be applied for and received in advance.

**IT IS THE RESPONSIBILITY OF THE UNIT OWNER TO ENSURE THAT THE CONTRACTOR HAS RECEIVED CONSTRUCTION PERMITS AS REQUIRED BY THE COMMONWEALTH OF MASSACHUSETTS AND THE CITY OF BOSTON.**

Have attached work rules and restrictions been given to contractor: Yes \_\_\_\_\_ No \_\_\_\_\_

Anticipated Construction Period: \_\_\_\_\_

Contractor/Company Name(s): \_\_\_\_\_

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

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

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$250 Elevator Deposit Received: Check # \_\_\_\_\_ Date: \_\_\_\_\_