

APARTMENT DECORATING AGREEMENT

I request permission to perform decorating and cosmetic alternations to my apartment as described in this application.

I agree that before work begins, Rockcliffe will be provided with a complete copy of every Agreement I wish to enter into with my contractor(s) and/or vendor(s).

I understand that before commencing work, I must procure from any contractor who does work in my apartment a comprehensive personal liability and property damage insurance policy in the amount of \$1,000.000 naming Rockcliffe Apartments Owners, Inc., Community Management and myself as insured parties. The policy will provide that it cannot be terminated until Rockcliffe and Community Management have received ten (10) days written notice of the proposed termination.

In addition, I will have any contractors doing work in my apartment submit to Community Management worker's compensation policies covering all employees of the contractor.

I will also obtain from my contractor and submit to Community Management a letter from my contractor in the form attached hereto as Exhibit A.

I understand that I am liable for all damage which may be caused to the building and its mechanical systems, and to persons and property in the building which may result from or be attributable to the work being performed in my apartment and that any costs incurred by Rockcliffe as a result of such damage, will be treated as Additional Rent under the terms of the Proprietary Lease and added to my Maintenance Fees.

I hereby indemnify and hold harmless Rockcliffe Apartments Owners, Inc., Community Management and the shareholders and occupants of Rockcliffe for damages suffered to any person or property as a result of the work performed in my apartment. I hereby agree to reimburse Rockcliffe, Community Management and the shareholders of Rockcliffe for any expenses, including attorney fees, incurred as the result of work performed in my apartment.

No work shall be done except between the hours of 8:00 AM to 5:00 PM, Monday through Friday. I shall instruct the contractors working in my apartment that they must conclude all work and clean up and exit the building no later than 5:00 PM each day. No work may be performed on weekends, holidays or during extended working hours without the prior written consent of Rockcliffe.

I will direct any contractor working in my apartment to take all precautions to prevent dirt and dust from permeating other areas of the building during the progress of work. All material and rubbish will be placed in barrels or sturdy trash bags before being taken out of the apartment. All rubbish, rubble, discarded equipment, empty packing cartons, etc. will be taken out of the building and removed from the premises at my expense. I will direct my contractors to use the service elevator at all times.

I recognize that by granting consent to the work, Rockcliffe has not expressed an opinion as to the design, feasibility or efficacy of the work.

My failure to comply with any of the provisions of this Agreement shall be deemed a breach of the provisions of the Proprietary Lease.

I recognize that Rockcliffe has the right to suspend all work and prevent workmen from entering my apartment for any reason other than to remove their tools or equipment in the event of a breach of this Agreement.

I will direct my contractors to follow industry standards in paint removing and sanding. I will direct my contractor to provide me and any other occupant of the apartment with the EPA pamphlet entitled, Protecting Your Family from Lead in the Home and I will provide a written acknowledgment of receipt to my contractor. I acknowledge that Rockcliffe has no liability or obligation in connection with this notification or with any requirements of the EPA pertaining to the removal of lead paint.

Annexed hereto is a detailed description of the work to be performed which is made a part of this Agreement.

Very truly yours,

Shareholder's Signature

A Ralles

Date: July 2, 2015

Shareholder's Signature

Clipaboth S. Webbink

Date: July 2, 2015

PERMISSION GRANTED:

By: Sun Juk: 7/10/15 - See below;

1 Must Suppy \$500 Refinere diposit Check payable to Rochceije.

O Contractor MUST Supply Proof of Workers Compensation Prior to being but in bldg to do work.

Admissions Application Package Updated April 2015

Page 2 of 5 Rockcliffe

ROCKCLIFFE APARTMENTS OWNERS, INC. 10 CRESTMONT ROAD, MONTCLAIR, NEW JERSEY 07042

APPLICATION FOR DECORATING/COSMETIC REPAIRS

Name: Gregory R. & Elizabeth S. Webbink

Mobile (Liz): 610-216-1414

Apartment Number: 6M Mobile (Greg): 610-417-7201

Requested Commencement Date for Work: Post-Labor Day, 2015, precise date cannot be determined until cabinetry is available for delivery. Contractor will be visiting in the interim to refine specifications within the scope described below.

Proposed scope of work: Replacement of appliances, cabinetry, flooring and fixtures in kitchen, adjacent laundry area, and two bathrooms; repainting.

- No loadbearing walls will be moved
- No plumbing or electrical work beyond the confines of the interior walls
- Non-loadbearing walls added circa 1985 to house the refrigerator will be removed/partially replaced.
- Dropped ceiling (also added circa 1985) in the kitchen will be removed.- NOT
- If irreparable, kitchen window will be replaced using the building's approved specifications and contractor.
- All kitchen appliances will be replaced but the locations will not change other than that the refrigerators will be wider and shallower.
- One tub will be replaced with a stall shower using the existing footprint and connections/location for the shower head and drain. T COS metro repairs to second ba
- The existing stacked washer and dryer in the laundry area may be replaced with smaller, more energy efficient units (including a non-venting dryer). These will be stacked or placed side-by-side, depending on the contractor's discussion with Montclair's electrical inspector.

The proposed contractor, Anthony J. (Joe) Pezzello has met with Vinnie to discuss water cutoff procedures, and options for carpet protection in the sixth floor hallway. He noted the Co-op's rules and regulations regarding jackhammers and wanted to be clear ahead of time that he will be using a quieter, lower vibration chipping hammer to remove floor and wall tile. Attached is Mr. Pezzello's insurance information. Also he noted that the Township does not distinguish between cosmetic repairs and renovations and their permits will indicate "renovations" even though the project scope does involve moving load bearing walls or invasive plumbing or electrical work.

Shareholder's Signature

Date: June 30, 2015

Shareholder's Signature

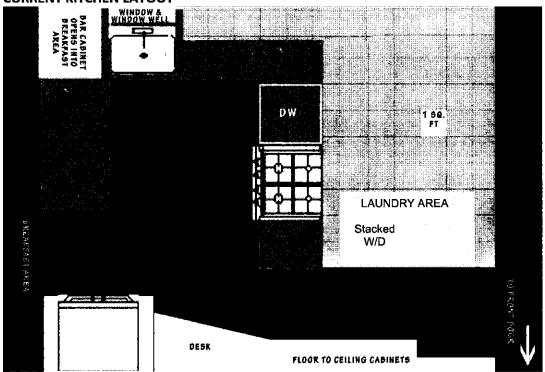
Clinabeth S. Webburk

Date: June 30, 2015

THIS IS AN APPLICATION REQUESTING APPROVAL TO BEGIN A DECORATING PROJECT. NO WORK MAY COMMENCE UNTIL THIS APPLICATION HAS BEEN APPROVED BY ROCKCLIFFE.







PLANNED KITCHEN LAYOUT

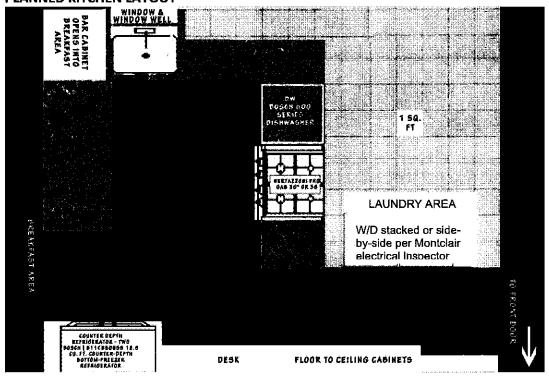




EXHIBIT "A" CONTRACTOR LETTER

Dear Sir/Madam:

The undersigned has reviewed the Apartment Decorating Agreement between Rockcliffe Apartments Owners, Inc. and the shareholder and the undersigned agrees to abide by the terms of the Agreement and the rules and regulations of Rockcliffe. The undersigned understands that if they do not abide by the terms of the Agreement and the rules and regulations of Rockcliffe, Rockcliffe has the right to stop work in the apartment.

The undersigned hereby waives and releases any right to place a lien against 10 Crestmont Road, Montclair, New Jersey in the event of any payment dispute regarding work in the apartment.

Sincerel

By:

Date:

Anthony J. Joe Pezzello

A.J.P. Contracting & Improvement Services

P.O. Box 7123, Colonia, NJ 07067

Tel.: 732.539.5829 Email: info@ajpcis.com

Title: Owner

NJ License No.: 13VH07839400

TO BE SIGNED BY THE CONTRACTOR AND RETURNED TO ROCKCLIFFE BEFORE WORK BEGINS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

certificate holder in lieu of such endorsement(s).											
PRODUCER						CONTACT NAME: Carlo Ferrara					
StreetSmart Insurance Agency						PHONE [A/C, No, Ext]: (732) 462-2360 [FAX (A/C, No):					
208	South Street				ADDRESS: Carlo@ssinj.com						
						INSURER(S) AFFORDING COVERAGE NAIC #					
Freehold NJ 07728						INSURER A: PREFERRED CONTRACTORS INSURANCE RR					
INSURED						RB:					
AJP CONTRACTING & HOME IMPROVEMENT SERVICES LLC						INSURER C :					
503 Cypress Point Drive					INSURER D :						
					INSURER E :						
Toms River NJ 08753				INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR		ADUL	SUBR	-	EN REL	POLICY EFF (MM/DD/YYYY)					
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	ANY AUTO							BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident) \$			
	H 20103							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION\$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. EACH ACCIDENT \$			
		N/A						E.L. DISEASE - EA EMPLOYEE \$			
								E.L. DISEASE - POLICY LIMIT \$			
									1		
General Contractor. Rockcliffe Apartment Owners,: Community Management Corp, Elizabeth and Gregory Webbink, 10 Crestmont Rd, 6M, Montclair, NJ 07042 are listed as additional insured subject to policy terms and conditions. Attn: Dawn Bukaj, Rockcliffe Property Manager, Community Management Corp,											
CERTIFICATE HOLDER CANCELLATION											
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1030 Clifton Avenue						AUTHORIZED REPRESENTATIVE					
Clifton, NJ, 07013						Carlo Ferrara					

GEICO

GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE (SEE BELOW UNDER CAUTIONARY NOTE)

REBEKAH M AND ANTHONY J PEZZELLO 503 CYPRESS POINT DR TOMS RIVER. NJ 08753-4286	Effective 1	mber: 4033043623 Date: 02-18-15 n Date:08-18-15 d State: NEW JERSEY
To whom it may concern: This letter is to verify that we have issued the policy tive and expiration date fields for the vehicle listed financial responsibility requirement for your state.	. This should serve as proof that the bel	ow mentioned vehicle meets or exceeds the
This verification of coverage does not amend, e	extend or alter the coverage afforded	by this policy.
Vehicle Year: 2007 Make: CHEV Model: EXPRESS VIN: 1GCGG29V171241476		
COVERAGES BODILY INJURY LIABILITY PROPERTY DAMAGE LIABILITY PIP FULL PIP PRIMARY UNINSURED &UNDERINSURED MOTORISTS UNDERINSURED MOTORIST PROPERTY DAMAGE COMPREHENSIVE COLLISION EMERGENCY ROAD SERVICE RENTAL REIMBURSEMENT	LIMITS \$100,000/\$300,000 \$50,000 OPTION A \$100,000/\$300,000 \$50,000 FULL \$50/DAY-\$1500 MAX	\$500 DED \$1,500 DED \$1,500 DED \$1,500 DED NON-DED
LienholderAdditiona	d Insured Interested Pa	arty
Additional Information:		
PLEASE NOTE THAT JOSEPH PEZZELLO IS ALER ON THIS POLICY	N ACTIVE DRIV	

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.