



# TENANT ALTERATION APPLICATION

(To be completed by Massachusetts Port Authority)

TAA #

Date

**PART 1** (To be completed by Applicant)

**A. Applicant and Project Information**

Tenant Name:

Location of Work:

Permission is hereby requested to perform the following work on the space presently leased/to be leased by Applicant. *Please list title of project and include a descriptive scope of work in the space below.*

Estimated Cost:

Estimated Start Date:

Estimated End Date:

Architect/Engineer:

Contractor:

Address:

Address:

Phone:

Phone:

Email:

Email:

**B. Required Submittals**

1. One executed original and one copy of this form; 2. 1 Copy Plans in hard copy and electronic drawing files in accordance with Massport's current digital drawing requirements (Appendix B in Guide to Tenant Construction TAA BIM VDC Guidelines); 3. Locus plan or building plan indicating work area; 4. Electronic version of project manual or specifications; 5. General Contractor's Insurance Certificate indicating a) Workers' Compensation Insurance; b) Comprehensive General Liability (combined single limit minimum \$1,000,000); c) Comprehensive Automobile Liability (combined single limit minimum \$1,000,000); d) Builder's Risk/Fire Legal Liability. All limits of liability and coverage required are subject to change based upon the nature and scope of work proposed. 6. Record Drawing Deposit form, company W-9 form and deposit check. Massport reserves the right to require payment and performance bonds on all projects subject to the Guide to Tenant Construction.

**C. Signature**

Applicant's signature below constitutes a binding agreement to perform said work in accordance with the information furnished above, and to comply and be bound by all requirements and conditions set forth in the General Conditions of Approval, in the Guide to Tenant Construction (most recent edition) and on Massport's review/approval documents, and in the Right of Entry agreement or Lease Agreement between Massport and the Applicant.

Submitted by:

Tenant Name:

Signature of tenant:

Subtenant Name

(if applicable):

Date:

Send correspondence to:

(Name, Address, Phone, E-mail)

Submit this form to Massport along with any required supplemental documents by mail to Massport, One Harborside Drive Suite 200S, East Boston, MA 02129, and electronically to [TAA@Massport.com](mailto:TAA@Massport.com)