

Community: _____

Variance Request

Unit Number: _____ Date Submitted: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

In the space below, describe in full, the work you are requesting permission to have done.

You must include the name of the contractor, a copy of the contractor's license, insurance certificate, a sketch/drawing with dimensions (if appropriate) and confirmation of color match. When replacing doors, windows or garage doors, a picture proving match to condominium standards (existing color and style) is required. Please include an estimated time of completion.

Description of work:

Estimated time of completion: _____

I understand the association is NOT responsible for maintenance or replacement of items requested by this variance unless otherwise specified in the community condominium documents. Should changes granted by this variance become a hazard, or not in conformance with the Board of Directors variance approval, the hazard or nonconformance may be removed by the Board of Directors, or their designees at unit owner expense. This is also the responsibility of subsequent owners of your unit. Approval of this Variance Request shall not be interpreted, as a waiver of any permit or license required by law, or change to the Association's Declaration, Bylaw, Rules and Regulations or Board of Directors policies.

Resident/Owner Signature: _____

You can submit this form in the following ways:

Mail to:
PropertyWorx, LLC
P.O. Box 12
Oakville, CT 06779

Fax to:
PropertyWorx, LLC
860-274-5572

For Administrative Use Only
The Board of Directors _____ Approves _____ Disapproves of this variance request.

Explanation: _____

Approved by: _____

Date: _____