

Shadow Pines Homeowners Association, Inc.

VARIANCE REQUEST

Return or Fax to:

Woodbridge Group
PO Box 237
Pittsford, NY 14534

Requested By:

Name: _____
Address: _____
Phone: _____

FAX: (585) 385-4693

Date: _____

E-MAIL: Service@woodbridgegroup.com

To: The Board of Directors:

I request permission to make the following changes to the exterior of my townhome or to the common area of the community. I have attached a sketch of proposed changes, listed materials, brochures, etc. (Please be specific. Extra sheets may be attached.) _____

Reason for request: _____

Length of Guarantee (if applicable): _____

Indicate future maintenance required by the Association: _____

Name of contractor (company) who will do the work: _____

Contractor's certificate of insurance is attached or on file with HOA ____ Yes ____ No

For Board of Directors Use

_____ Approved _____ *Approved with Conditions (see attached) _____ Disapproved

Date: _____ Signature: _____

Latest completion date after which any approval is automatically revoked and a new variance request is necessary: _____

Comments on final inspection by Board of Directors and/or Property Manager:

This architectural change will _____ will not _____ become the responsibility of the unit owner as it concerns maintenance and/or replacement.
