

Colonial Parkway Condominium

VARIANCE REQUEST

Return or Fax to:

Woodbridge Group
P.O. Box 237
Pittsford, NY 14534

Requested By:

Name: _____
Address: _____
Phone: _____

FAX: 585-385-4693

Date: _____

E-MAIL: Service@WoodbridgeGroupPro.com

To: The Board of Directors:

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

Reason for request: _____

Length of Guarantee (if applicable): _____

Indicate future maintenance required by Condominium: _____

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

Contractor's certificate of insurance is attached or on file with Condo _____ 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, or Others:

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