Hamilton Place Association, Inc. VARIANCE REQUEST

Return to:

Requested By:

Woodbridge Group	Name: _	
P.O. Box 237	Address: _	
271 Marsh Rd, Suite 3	Phone: _	
Pittsford, NY 14534	Date:	
O-585-385-3331 F-585- 385-4693	E-Mail:	
Service@woodbridgegrouppro.com		

To: The Board of Directors:

I request permission to make the following changes to the exterior of my townhouse or to the common area 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 requ	est:
Length of Guara	intee (if applicable):
Indicate future n	naintenance required by the Association:
Affected neighb	ors were notified of common area involvement?YesNO
Name of contrac	ctor (company) who will do the work:
	have liability and workers compensation insurance for variance approval. tes attached or on file with HOAYes No
Homeowner Sig	gnature:
	For Board of Directors Use
Approve	d*Approved with Conditions (see attached) Disapproved
Date:	Signature:
-	on date after which any approval is automatically revoked and a new variance sary:
Comments on fi	nal inspection by Board of Directors and/or Property Manager: