

Inglewood Town Homes Homeowners Association, Inc.
VARIANCE REQUEST

Return or Fax to:

Woodbridge Group
271 Marsh Road, Suite #3
P.O. Box 237
Pittsford, New York 14534
FAX: 385-4693
E-Mail: service@woodbridgegrouppro.com

Requested By:

Name: _____
Address: _____
Phone: _____
E-mail: _____
Date: _____

To: The Board of Directors:

I request permission to make the following changes to the exterior, or structure, 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 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
I will be responsible to restore to its original condition all damage caused by the proposed change. No orders or work start should begin until variance has been approved.

Homeowner Signature: _____ **Date:** _____

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.
