## Horizon Pointe Homeowners Association Inc.

## VARIANCE REQUEST

Return or Fax to:	Requested By:
Woodbridge Group	Name:
P.O. Box 237	Address:
Pittsford, NY 14534	Phone:
FAX: 585-385-4693	Date:
service@woodbridgegroup	<u>pro.com</u>
area of the community. I have	the following changes to the exterior of my home or to the common e attached a sketch of proposed changes, listed materials to be used, a sheets may be attached.)
Length of Guarantee (if appl	icable):
Indicate future maintenance	required by the Association:
Name of contractor (compan	y) who will do the work:
Contractor's certificate of	insurance is attached or on file with HOAYesNo
-	re to its original condition all damage caused by the proposed
<i>change.</i> Homeowner Signature	Date:
	For Board of Directors Use
*Approved*A	approved with Conditions (see attached) Disapproved
Date: Signature:	
request is necessary:Comments on final inspection	which any approval is automatically revoked and a new variance n by Board of Directors and/or Property Manager:
	vill will not become the responsibility of the owner as