

Wood Creek Condominium

VARIANCE REQUEST

Return or Fax to:

Woodbridge Group
271 Marsh Rd. Suite 3
P.O. Box 237
Pittsford, NY 14534
FAX: 385-4693
Service@woodbridgegroup.com

Requested By:

Name: _____
Address: _____
Phone: _____
Date: _____

To: The Board of Directors:

I request permission to make the following changes to the exterior of my condominium 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: _____

I will be responsible to restore to its original condition all damage caused by the proposed change.

Contractor's certificate of insurance is attached or on file with office ____ 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.
