Greenbriar Crossing Homeowners Assoc., Inc.

VARIANCE REQUEST

Return or Email to:

Woodbridge Group
P.O. Box 237
Pittsford, NY 14534
Email: service@woodbridgegrouppro.com

Requested By:

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

To: The Board of Directors:

☐ I am providing **Certificate of Insurance** from a contractor for an **Interior change** being made, Items may include but are not limited to: Kitchen/Bath remodeling, plumbing and electrical work, carpet/flooring replacement, etc. **(HVAC Replacement may require Permission if vents or outside changes are being made)**
Please list what work will be performed:

_____
_____
_____

☐ 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. Additional sheets may be attached.)

_____
_____
_____
_____
_____

Is this an amendment to a previous request? ☐Yes ☐No
If yes, the approximate date of previous request: _____.

I understand that under the declaration and the rules and regulations, the Board of Directors will act on this request and provide me with a written response of their decision. I further understand and agree to the following:

- ☐ No work or commitment of work will be made by me until I have written approval from the Association
- ☐ All work will be done at my expense and all future upkeep will remain at my expense or a future homeowner's expense
- ☐ All Work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor
- ☐ All work will be done at a time and in a manner to minimize interference and inconvenience to other unit owners
- ☐ I assume all liability and will be responsible for all damage and or injury which may result from performance of this work
- ☐ I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work

☐ I will be responsible for complying with, and will comply with all Town & Village of Webster laws; codes; regulations; and requirements in connection with this work, and I will obtain any and all necessary governmental permits and approvals for the work. I understand and agree that Greenbriar Crossing Association, its Board of Directors, its agents and the committee have no responsibility with respect to such compliance and that the Board of Directors or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement

☐ I understand that I have 30 days to appeal a decision by the Board of directors.

☐ If approved, Date work will start on or about: _____

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

I have attached:

☐ **Detailed Drawing to scale or blueprint of plans**

☐ **Copy of survey map (needed for patios, fences, decks, and back yard plantings)**

☐**Copy of Proposal from the contractor with detailed description of the work to be performed with product information i.e.... brochures, spec sheets**

☐ **Contractor's certificate of Liability insurance is attached or on file with the HOA** ☐**Yes** ☐ **No**

☐ **Contractor's certificate of Workers Compensation attached or on file with the HOA** ☐**Yes** ☐ **No**
(If Necessary)

****All Certificates need to list the additional Insured as: Greenbriar Crossing Association**
PO Box 237
Pittsford, NY 14534

Homeowner signature: _____ Date: _____

For Board of Directors Use

Date: _____

☐ Approved as requested

☐ *Approved with Conditions (see below)

_____

_____

_____

☐ Disapproved for the following reasons:

_____

_____

Signature: _____ Date: _____

Any work not started on or before _____ is not approved and later construction must be subject to re-submittal to the committee. All work must be completed with in 120 days of project start

Comments on final inspection by Board of Directors and/or Property Manager:

_____

_____

Greenbriar Crossing Homeowners Association

c/o Woodbridge Group ♦ P.O. Box 237, Pittsford, NY 14534 ♦ 585-385-3331

VARIANCE PROCESS

Wherever approval, consent or permission is required, approval will only be granted by submitting an Greenbriar Association Variance Request Form to the Association's Property Manager (PM). The Variance Request Form can be obtained from the Property Manager upon request or on the web at WoodbridgeGroupPro.com, under Greenbriar Crossing.

The completed Variance Request Form should include the following attachments:

- A description of the proposed change.
- A drawing of the proposed changes, including dimensions and specifications.
- A copy of your Lot survey map that was given to you when you closed on your Townhome.
- A copy of product information should be included.
- Contractor's name and address.
- Updated certificate of insurance and workers comp on file with Property Manager.
  -Certificates of Insurance should name Greenbriar HOA as the additional Insured. It should also list the unit address under description.

  Greenbriar HOA
  C/O Woodbridge Group
  P.O. Box 237
  Pittsford, NY 14534

The completed form and attachments should be sent to the Property Manager. Documents will not be returned. A copy will be retained by the Property Manager as well as the Architectural Standards Committee (ASC).

When and if approved, Homeowners will be sent, and should retain their signed copy with any approval conditions and store them in a safe place.

The Architectural Standards Committee will review each request and will seek recommendations from the Board of Directors where appropriate. A decision will be rendered, in writing, within 14 days of submission of a properly documented variance request.
Standard variances may receive approval within 10-days.
If this timeframe does not meet the requirements of the Homeowner, it should be so noted on the variance request.

If the applicant does not receive notice of approval or disapproval within 30 days, the applicant may notify the Property Manager by certified mail, return receipt requested.

The variance request will be deemed approved not later than the later of 15 days from receipt of such notice, if such notice is given, or 60 days after the receipt of a properly documented variance request by the Property Manager.

It is the responsibility of the Homeowner to inquire and obtain any necessary building permits from the Town of Webster.

When a Townhome is sold, the buyer must agree to the terms of any approved variances granted for the property.

WALKSTO-01 CHARRIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No): (585) 226-2931
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Utica First	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY				12/30/2023	12/30/2024	EACH OCCURRENCE	$ 300,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 600,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 600,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Greenbriar Crossing
C/O Woodbridge Group
PO Box 237
Pittsford, NY 14534

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paul V. Wilson