Lost Mountain Manor Condominiums

VARIANCE REQUEST

Return or email to:

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

Requested By:

Name: _____
LM Unit: _____
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.
Please list what work will be performed: _____
_____
_____

☐ I am requesting permission to make the following changes to the **Exterior** of my Condo or to the common area of the community. _____
_____
_____

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 Board**
- ☐ **All work will be done at my expense and all future maintenance or replacement will remain my responsibility or a future homeowner's responsibility**
- ☐ 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 applicable Town of Penfield 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 Lost Mountain Manor Condominiums, 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 a decision by the Board of directors is final

☐ 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 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**

*****Certificates should list the additional insured: LOST MOUNTAIN MANOR**
PO BOX 237
PITTSFORD NY 14534

Any contractor who does not carry both Liability and Workers compensation will NOT be allowed to work on Lost Mountain Manor property

Homeowner signature: _____ Date: _____

For Board of Directors Use

☐ Approved as requested

☐*Approved with Conditions (see below)

_____

_____

☐ Disapproved for reasons:

_____

_____

Signature: _____ Date: _____

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.