

Wood Creek Homeowners' Association Inc.
VARIANCE REQUEST

Please return via fax, e-mail or mail to:

Crofton Associates, Inc.
111 Marsh Road, Suite 1
Pittsford, New York 14534
Fax: (585) 248-3666
E-mail: Info@CroftonInc.com

Requested by (please print):

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

COMPLETE ALL INFORMATION & REQUIREMENTS ON THIS FORM or your request will need to be revised, which may delay board action. Your variance must be received 12 days prior to the monthly board meeting scheduled on the 3rd Thursday of each month. The board makes the final decision on variance requests and assumes no responsibility for your contractor's workmanship.

I request permission to make the following changes to the exterior of my townhouse or to the common area of the community. **If necessary attach a sketch of proposed changes, listed specific materials & colors to be used, etc.** (Use the back of this form if additional space is needed.) Submit a new form for each new request.

Reason for request: _____

Length of Guarantee (if applicable): _____

Indicate future maintenance required by the Association: _____

Affected neighbors **must be notified** of common area involvement. **Complete Variance Awareness Form-pg. 2**

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

Please attach contractor's certificates of general liability and workers' compensation insurance with the homeowner and the HOA listed as certificate holder.

I am assuming all cost for this change. Yes _____ (no reimbursements will be made at any time)

No _____ (explanation on back) ***See note at bottom of pg. 1**

I will accept conditions to this variance and be responsible to **restore to its original condition all collateral damage caused by the proposed change.** When I sell my unit I will be responsible for notifying the new owner of their responsibility for this variance (if applicable). I will maintain any landscaping (trimming, weeding, cutting back, removal, etc.) **deemed my responsibility.** I agree that the HOA, at their discretion, will maintain or remove my plantings and **bill me** if I am remiss in my maintenance responsibilities.

Homeowner Signature: _____ **Date:** _____

For Board of Directors' Use

_____ Approved _____ *Approved with Conditions (see attached) _____ Disapproved

Date: _____ Signature of board member: _____

Completion date by _____ or this variance is revoked and a new variance is required.

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

This change will _____ will not _____ become the responsibility of the unit owner financially as well as the maintenance and/or replacement.

HOA to pay _____ (amount) based on _____% age of bid (total bid cost) _____ (contractor)

***Note: If a change is made to the bid after board approval (different contractor, scope of job, material change, etc.) this agreement is void and the financial obligation belongs solely to the homeowner.**

Wood Creek Homeowners' Association
VARIANCE AWARENESS FORM

(The approval of your 2 next-door neighbors is generally necessary. If work is being done in the back of your home, it may be more appropriate to get the signatures of the 2 closest neighbors across from you who have view of the work.)

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NEIGHBOR'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **E-MAIL:** _____

I have reviewed the plans and specifications for my neighbor's proposed changes/improvements. My comments are noted below (Check one).

I have no concern about the proposed changes/improvements in regards to impact on my unit.

I have the following concerns regarding impact on my unit.

Signature: _____ Date: _____

NEIGHBOR'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **E-MAIL:** _____

I have reviewed the plans and specifications for my neighbor's proposed changes/improvements. My comments are noted below (Check one).

I have no concern about the proposed changes/improvements in regards to impact on my unit.

I have the following concerns regarding impact on my unit.

Signature: _____ Date: _____

