VARANCE REQUEST

(ONE PAGE)

Submit this form for Variance Requests (only)

SUBMIT BY UPLOADING THE COMPLETED FORM TO THE REVIEW SITE

COMPLETE THE FOLLOWING:

Community: _____
Lot Number: _____
Lot Street Address _____

Registrant Name (primary contact): _____
Registrant e-mail address: _____
Registrant Telephone: (_____) _____
Lot Owner (if different): _____
Lot Owner e-mail address: _____

I (We) hereby request a variance to ARTICLE _____ of the Guidelines. (Required)

Description of the Variance Requested (Please provide details and, if appropriate, upload supporting Pictures/Documents etc.):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Lot Owner Signature _____ **Date:** _____

The review period may take up to ten (10) business days. The registrant will be notified by email from the review site of the ARC determination.