

VARIANCE 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 consideration of a variance. Copy & paste or transcribe the exact language from the Guidelines, Checklist or other Community Documents below:

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.