

## Georgetown East Variance Request

**To:** Crofton Perdue Associates, Inc. 111 Marsh Road, Suite 1, Pittsford, NY 14534  
You may mail, fax 248-3666 or e-mail [info@croftoninc.com](mailto:info@croftoninc.com) this form to Crofton Perdue.

**Submit online: [www.CroftonInc.com](http://www.CroftonInc.com), Our Communities, Georgetown East, Variance Request**

**From:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

I hereby request approval for the following exterior building modification. I have attached a sketch of the proposed changes, listed materials to be used and indicated who will do the work.

**Please be explicit. Extra sheets may be attached.**  
**You can upload a picture in the CONTACT US form on the bottom of our website [www.CroftonInc.com](http://www.CroftonInc.com) please reference this variance.**

**Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for request:** \_\_\_\_\_

Anticipated starting date: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

**NOTE:** Preliminary response will be provided within 30 days of receipt of this request. Approved work must be completed within one year of the date of approval. It is recommended that a qualified and properly insured\* contractor performs this work and attains the appropriate permits as required by law if applicable. By signing this form the homeowner agrees presently and henceforth: (1) To assume all responsibility for the workmanship and any problem or damage that occurs to their property, neighboring properties or the common area (2) The HOA, Board of Directors and Management Company bears no responsibility for improper or faulty work or design as a result of this Variance Request.

\*If any work is being performed on the common elements your HOA and Crofton Perdue Associates should be listed as additional insured on the certificate of insurance.

Date \_\_\_\_\_ Homeowner's Signature \_\_\_\_\_

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This section for use by the Board

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Conditions for approval: \_\_\_\_\_

Comments \_\_\_\_\_