APPENDIX B: Variance Request Form

VARIANCE REQUEST

PLEASE RETURN COMPLETED FORM TO: BROOKVIEW

c/o Crofton Perdue Associates, Inc. 111 Marsh Road-Suite 1, Pittsford NY 14534

Name	House #	Phone
TO THE BOARD OF DIRECTORS: I REQUEST PERMISSION TO MAKE TH	HE FOLLOWING CHAN	GES TO THE EXTERIOR OF MY CONDOMINIUM
OR TO THE COMMON AREA OF THE	COMMUNITY. I UNDE	RSTAND THAT IT IS MY RESPONSIBILITY TO
		Y FOR THIS WORK. I HAVE ATTACHED A
SKETCH OF PROPOSED CHANGES, LISTED MATERIALS TO BE USED, AND INDICATED WHO WILL DO THE		
WORK (please be explicit; extra shee	ts may be attached).	
REASON FOR VARIANCE REQUEST: _		
		provide Crofton Perdue a certificate of
insurance evidencing appropriate lia	bility and workers cor	npensation insurance):
LENGTH OF CHARNITES (If an alice ble	١.	
LENGTH OF GUARNTEE (IT applicable):	
INDICATE ANY FUTURE MAINTENAN	CE REQUIRED BY THE	ASSOCIATION:
	or negomes or me	
DATE SIGNATURE OF PETITIONER		RE OF PETITIONER
BOARD OF DIRECTORS ACTION:	APPROVED	DENIED
DATE	ALITHOD	ZED CICALATURE
DATE	AUTHORI	ZED SIGNATURE
COMMENTS		
COMMENTS:		
LATEST COMPLETION DATE AFTER W	HICH ANY APPROVAL	IS AUTOMATICALLY REVOKED AND NEW
VARIANCE REQUEST IS NECESSARY: _		
- DATE ON WHICH ACTED-ON WARIAN		