Vin Gate Villas Homeowners Association

Variance Request

Please fill out form completely and email to Holly@croftoninc.com or mail to Vin Gate Villas, c/o Crofton Perdue, 111 Marsh Road-Ste 1, Pittsford NY 14534 **Please wait for Board approval before beginning any work**

| Name: | Date of Request : |
|--|--------------------------------------|
| | |
| Address: | |
| | |
| Phone Number: | Email: |
| | |
| Reason for Variance request/ty | pe of work to be performed: |
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| Please indicate any future main Association: | ntenance that may be required by the |

| Contractors Name & Phone : |
|--|
| Address: |
| Planned completion Date: |
| If appropriate, specify the material to be used and the method of installation and/or attach contractors' proposal or detailed sketch. |
| |
| Board of Directors Date of Request: Date Received Date Reviewed: |
| Date Received Date Reviewed. |
| Approved/Denied Date |
| Any conditions connected to approval or reason for denial: |
| |
| Final project Inspected by Date: |