## **VARIANCE REQUEST**

Date 7/2017	Signature Signature
Comme	nts
Board (	of Directors: ApprovedNot ApprovedPermanentTemporary
*****	***************************************
Homeo	wner's SignatureDate
1. F 3 2. A 3. 1 4. F	Preliminary Board response to the variance request will be provided within no more than 60 days of receipt of this request in accordance with the Rules and Regulations. Approved work must be completed within one year of the date of approval. The homeowner is responsible to provide written notification of project completion within 30 lays. Final Board approval is contingent upon review of the completed work. Please acknowledge if one of the below is applicable. No variance for deck staining or satellite lish installation can be accepted without the below listed information.
Reason	for request:
Descript	ion of project
I have a work. (F	request approval for the following exterior or common area modifications to my home. ttached a sketch of the proposed changes, listed materials to be used and indicated who will do the Please be explicit. Extra sheets may be attached. Homeowner shall be responsible for any Town or building permit.)
	Phone
	Address
From:	Name
То:	EDGEWOOD ESTATES HOMEOW NERS ASSOCIATION Crofton Perdue Associates, Inc., 111 Marsh Road, Suite 1, Pittsford, NY 14534 Phone: 585-248-3840 Fax: 585-248-3666 Email: info@croftoninc.com