

The Heritage At Buckingham In Avon

VARIANCE REQUEST

NAME: _____ UNIT NUMBER: _____

ADDRESS: _____

Describe in full - attach sketch if necessary:
(Include name of contractor, if any, and an estimated time of completion.)

The following information relative to your variance will be listed on any Resale Certificate issued on your unit and responsibility for maintenance and/or replacement will be passed on to the new Unit Owner.

I understand that The Heritage at Buckingham will not assume any responsibility for maintenance or replacement of the above item unless otherwise specified in the Association documents. Should the property granted by the variance become a hazard to common property, it may be removed at the owner's expense. Approval of this request shall not be interpreted, as a waiver of any permit or license required by law. Any insurance premium increase for The Heritage at Buckingham directly attributable to this variance shall be assessed against this unit.

Owner's Signature: _____ Date: _____

The Board of Directors APPROVE APPROVE WITH STIPULATIONS DISAPPROVE this variance request. The approved variance is valid for 180 days from date of approval. Expiration date: _____.

Additional Stipulations:

Approved by: _____ Date: _____

INSPECTION REPORT

Work Completed _____ Date _____ Inspected By _____ Date _____

Comments: _____

