

Brandon Woods Variance Request

Date received by Kenrick Corp. _____

Requested by (please print):

Name: _____

Address: _____

Phone : _____

E-mail: _____

Date: _____

(In the event of an emergency request, contact the Property Manager at 585-424-1540.)

In accordance with the Brandon Woods Declaration, By Laws, and Policies, I request your consent to make the following changes, alterations, renovations, additions and/or removals to my unit:

(Please print & give details as to specific materials & colors to be used, etc.)

(If appropriate, attach a sketch of proposed changes. Use the back of this form for additional space.)

Contractor/company who will perform work: _____

Insurance expiration date _____

Contractor's certificates of general liability and workers' compensation insurance must be attached for approval*

***(The homeowner should be listed as the certificate holder)**

I understand and agree to the following provisions:

- Owner will abide by approval conditions and begin work only after written approval is received from the board of directors. No new changes will made to the owner's request (contractor, materials, etc.) without additional board approval.
- Owner will assume all cost for work unless otherwise agreed upon and in writing from the board. .All future maintenance & expenses relating to work will be paid by the current owner and future owners of the unit. Should an owner be remiss in their obligation, the HOA will perform maintenance/removal responsibilities at the owner's expense.
- Owner will assume liability and be responsible for injury to self or others.
- Owner will comply with local/state/federal government regulations/requirements (permits, approvals, etc.) Brandon Woods, its board of directors, the property manager, and the committee have no responsibility with respect to such compliance.

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- Owner will submit a copy of the approved building permit from the appropriate municipality to Kenrick Corporation before the project commences.

Homeowner Signature: _____

Date: _____

(Complete Awareness Form that follows if your variance affects common ground areas or your neighbors. See pg. 3.)

Submit completed Variance Form to:
Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623
Fax-(585)424-1553 or email variances@kenrickfirst.com

For Board of Directors' Use

_____ Approved _____ *Approved with Conditions _____ Disapproved

Completion date by _____ (insurance expiration date **or** up to one year...insurance can be resubmitted if it expires within a year.)

*Conditions/responsibilities or reason for disapproval:

This change and maintenance will _____ will not _____ become the financial responsibility of the homeowner. If HOA assumes costs, state amount & explain reason:

Signature of Board member: _____ Date: _____

Brandon Woods Variance Awareness Form

(The signatures of your **two** next-door neighbors are generally necessary. If work is being done in the back of your home, it may be more appropriate to get the signatures of the two closest neighbors across from you who have view of the work.)

Owner's Name: _____

Address: _____

Telephone Number: _____

Email: _____

Neighbor's Name: _____

Address: _____

Telephone Number: _____

Email: _____

I have reviewed the plans for the proposed changes/improvements. My comments are noted below.

Signature: _____

Date: _____

Neighbor's Name: _____

Address: _____

Telephone Number: _____

Email: _____

I have reviewed the plans for the proposed changes/improvements. My comments are noted below.

Signature: _____

Date: _____