

Variance Procedures for Owner

Townhomes of Eastbrooke Condominium, Phase I, II, III

1. Owner obtains a variance form from Property Management or outside Eastbrooke maintenance building.
2. Owner obtains proposal/estimate/quote from fully insured contractor
3. Owner completes variance form including:
 - A. Full description of modification including style, color, material if necessary.
 - B. Contractor's name & contact information.
 - C. Check boxes regarding drawing/plans, proposal/estimate/quote including brochure, pamphlet, tear sheet showing style, color, material, etc.
 - D. **Include general liability AND workers' compensation insurance certificates for contractor. Eastbrooke will not allow any contractor to work on the property who does not carry both insurances. This rule also applies for contractors who don't have any employees.**
 - E. **Along with any insurance certificate we require the homeowner to be listed as the certificate holder. Additionally, we require you to be listed as "additionally insured" along with the job description in the Description of Operations.**
4. Initial that Owner agrees to contact Superintendent for inspections before, during & at completion of work
5. Owner signs variance
6. Page 4 & 5 address particular approved styles; circle your choice of style
7. Page 6 addresses gardening/landscaping. As a condominium, owners do not own the gardens/lawn/trees. Therefore, a variance is required for owners to plant & maintain gardens on their own.
8. Page 7 addresses satellite dish installation
 - a. This usually takes 2 visits from satellite dish company. 1st visit is to determine the best location for satellite reception. 2nd visit to do actual installation once variance is approved.
9. Submit variance, proposal/estimate/quote, & insurance certificates to Kenrick Corporation office via variances@kenrickfirst.com.
10. Once variance & all required documents are received, Kenrick will submit items to Board of Managers for review. The Board has up to 30 days to review and make a decision on the variance.
11. Once a decision is made & variance is signed by the Board of Managers, the owner will be notified of the Board's decision.
12. If variance was approved, Owner may schedule work to begin.
13. Work is to be completed within 30 days of approved variance. If this is not possible, due to ordering product or weather, the owner must note this in the variance or contact Kenrick Corporation with explanation.

Property Management office: www.kenrickfirst.com. Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623 585-424-1540 f

Townhomes of Eastbrooke Maintenance Building, 477 ½ Eastbrooke Lane (across creek from clubhouse), Rochester, NY 14618 585-244-7599

Townhomes of Eastbrooke Condominium
Variance Request Form

Submission to the Board of Managers. Review & decision by Board may take up to 30 days

PLEASE PRINT

Owner Name _____

Mailing Address _____

City/State/Zip _____

Eastbrooke Address _____

Phone(s) H _____ W _____ C _____

Email Address _____

Date Submitted _____ Date Received by AC/BOM _____

In accordance with the Townhomes of Eastbrooke Condominium covenants, easements, charges, liens (“declaration & by-laws”) and the rules and regulations, I request permission to make the following changes, alterations, renovations, additions and/or removals to my condominium:

Is this an amendment to a previous request? _____ If yes, approximate date of previous request: _____.

I understand that under the declaration, by-laws, rules and regulations, the committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the association/condominium.
2. All work will be done at my expense and all future upkeep will remain at my expense or future owner’s expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Townhomes of Eastbrooke, its Board of Managers, its agent and the committee have no responsibility with respect to such compliance and that the Board of Managers or its designated committee approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.

8. I understand that the contractor or I will remove all debris generated (carpet, doors, windows, cabinets, wood, metal, drywall, etc...) generated during any variance work from the Eastbrooke property at owner's expense.
9. I understand that a decision by the committee is not final and that the Board of Managers may reverse or modify a decision by the committee upon the written application of any owner made to the Board of Managers within thirty (30) days after the committee makes its decision.
10. The contractor is: _____.
Contractor must carry General Liability & Workers' Compensation Insurance to work on Eastbrooke property.
11. I have attached: (B & C MUST be included)
 - ___A). A labeled, detailed drawing (to scale) of plan
 - ___B). A copy of the proposal/quote from the contractor with a detailed description of the work to be performed, with product information (i.e: brochure, pamphlet, size, color, location)
 - ___C). A copy of insurance certificate from contractor showing General Liability & Workers' Compensation Insurance coverage in effect at the time the work will be performed.
 - ___E). Homeowner listed as additionally insured and listed as the certificate holder on the contractor's insurance form

_____ The Homeowner MUST contact Kenrick Corp Service Coordinator so the on-site
HO Superintendent can inspect prior to work beginning, during, and following work
Initials completion, at 585-424-1540

Owner Signature: _____

Action Taken by Board of Managers (BOM) or Architectural Committee (AC)

Date of Action: _____

_____ Approved as Requested

_____ Approved with the Following Exceptions

_____ Disapproved Based on The Following

Work to be completed within 30 days of variance approval. Any work not started on or before _____ is not approved and later construction must be subject to re-submittal to the Board.

 Townhomes of Eastbrooke Condominium Board of Managers



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Organization Name Street Address City State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : XXX Insurance Compene NAIC # XXXXX INSURER B : XXX Insurance Company XXXXX INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Organization Name and address	

COVERAGES **CERTIFICATE NUMBER:** 2020 Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	y		MPU7668K	Valid Date	Valid Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			MPU7668K	Valid Date	Valid Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N Y	N / A	WCU7668K	Valid Date	Valid Date	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS IS AN EXAMPLE

Please add the following wording to the description of operations:

The homeowner is listed as additional insured

CERTIFICATE HOLDER

CANCELLATION

Homeowner Name Association Street Address City, State, Zip	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

Townhomes of Eastbrooke Condominium

Variance Request Approved Styles for use in Eastbrooke — updated 12/2021

Front Entry Doors: There are three approved styles.

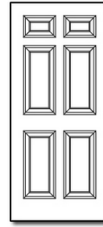
Style #1 is a 6-panel door w/no windows

Style #2 is a 4-panel door w/windows

Style #3 is a 4-panel door w/half-moon shaped window at the top.

Steel or fiberglass. All must have final factory applied paint coat, NO PRIMER ONLY DOORS WILL BE ALLOWED (new 7/2016). White exterior.

Style 1



Style 2



Style 3



Sidelights: There are four approved styles.

Style #1 is a plain, full length glass panel.

Style #2 is a plain half-length glass panel.

Style #3 is a half-length glass with rounded window at top.

Style #4 is a quarter length glass panel at top

Steel or fiberglass. All must have final factory applied paint coat, NO PRIMER ONLY DOORS WILL BE ALLOWED (new 7/2016). White exterior.



Full view window



½ view window



½ view round top window

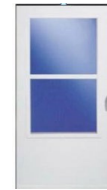


¼ view square top window

Rear Entry Doors: 9-light, half window style. All must have final factory applied paint coat, NO PRIMER ONLY DOORS WILL BE ALLOWED (new 7/2016). White exterior.



Storm Doors: full or 3/4 view glass door. Doors may be self-storing as long as they do not differ radically in appearance from the approved full or 3/4 view. All must have final factory applied paint coat, All must have final factory applied paint coat, NO PRIMER ONLY DOORS WILL BE ALLOWED (new 7/2016). White exterior.



Balcony Doors: 15 panel glass door or an all glass sliding door. All must have final factory applied paint coat, All must have final factory applied paint coat, NO PRIMER ONLY DOORS WILL BE ALLOWED (new 7/2016). White exterior.



Windows: vinyl slider (2 or 3-lite) is the only window style approved for use in Eastbrooke, with the exceptions of the kitchen window only where a white vinyl double hung w/no grids, or replacement of the stationary window. White exterior.



Sliding Glass Doors: Slider, no grills/mullions. All must have final factory applied paint coat, no primer only doors will be allowed (new 7/2016). White exterior.



Townhomes of Eastbrooke Condominium
Variance Request Approved Styles for use in Eastbrooke continued – updated 12/2021

Basement Windows: Clear glass block windows with or without vent are allowed. **White exterior.**



Garage Doors: Solid, flush door, with no panel decorations of any kind. Color match to siding is available from approved vendors (Almond, Dessert Tan & Sandstone), not for Grey siding color, replace with white door, staff will paint to match siding. **It is highly recommended that owner have installed a key operated emergency release when garage door is installed.**



Contact Kenrick Corporation for vendors with color match garage doors.

Garage Door Openers: Must be suspended from garage ceiling, not mounted on ceiling.

ALL Door Bells: Must be mounted on center section of front entry door or on aluminum door trim with adhesive, including video door bells; not on storm/screen door or siding. Video door bells must be wireless model.

Satellite Dish: will require 2 visits from dish company: 1st to determine best location for dish installation to receive satellite signal, 2nd for installation once variance is approved. Dish Addendum must accompany 2-page variance form, with a drawing of specific dish installation location. Only allowed in restricted common areas (balcony, patio, exceptions could be made if not signal available in those locations.) Cables must be placed under the siding and/or buried in the ground, not exposed on the common area. Owner responsible for removal of all dish equipment when sell condo.

Shrubbery Beds / Flower Beds / Patios/ Stoops: Owners may plant annual & perennial flowers in the beds without a variance. Owners must maintain what they plant, including fall clean up. Plants (& pots) must be under 3 ft tall.

No bush or shrub planting/removal without an approved variance

No borders or walkways are allowed

No planting of vegetables in the ground, can be in pots on the patio/balcony only

No potted plants of any kind in beds, except on stoops

No decorations in beds over 2 ft tall, and all décor must be removed by November 15th each year

No household items stored on patios

No pet fecal material containers stored on stoops, in beds or common ground.

High Efficiency Furnace: at least 72 hours prior to furnace installation, owner or contractor MUST contact Kenrick Maintenance Corporation 585-424-1080 to schedule for roof vent penetration. Owner will be responsible for KMC roof penetration/repair costs.

Air Conditioning Condenser: All Air Conditioning Condensers placed in the common area MUST be placed on an appropriate pad under the condenser.

**Townhomes of Eastbrooke Condominium
Addendum for all garden/landscaping requests
Add this ADDENDUM to the 2-page variance form**

PLEASE PRINT

Unit # _____

Owner(s) Name _____

As the owner of the above unit, I am requesting that I am allowed to make the modifications to the shrubbery bed area of my unit or a portion of common area adjacent to my unit as described in the attached variance request.

By doing this I am agreeing to the following conditions:

- That I may not enclose the area in any way for only my use or enjoyment.
- I acknowledge that the responsibility for maintaining the described shrubbery bed area will be totally mine and all future owners. This responsibility applies only to the modified area.
- If I do not maintain the shrubbery bed area to the satisfaction of the Board of Managers, I agree to restore it to the original condition at my expense within 30 days of notice.
- If I do not restore it within the 30 days, the property is authorized to restore it and bill the labor /material costs involved, at market rates at the time of restoration, to my owner account. I understand that this will be subject to late fees if not paid within 30 days of billing.
- It will be my responsibility to notify future owners of this responsibility.
- I understand that acceptance of this by any future owners will be necessary to fulfill the requirements of a Certificate of Compliance necessary to sell my unit. If I do not have the acceptance by a future owner, I agree to restore the area to the original condition at my expense.

Unit #

Owner signature

Date

**Townhomes of Eastbrooke Condominium
Addendum for Satellite Dish Request
Add this ADDENDUM to the 2-page variance form**

PLEASE PRINT

Unit # _____

Owner(s) name _____

When submitting a Satellite Dish installation variance, there are guidelines that must be followed:

1. The Satellite dish must be located in the restricted common area (balcony, patio) associated with your unit. If the restricted common area is not appropriate, a diagram of requested location must be submitted with the variance request.
2. Prior to installation and upon completion, the on-site superintendent must be notified and a final inspection be done.
3. All wires or connections must be hidden under the siding or buried in the ground and not left in the shrubbery beds, alongside of building or on stoops.
4. I will be responsible for any damage to the exterior of the building.
5. If installation does not meet the approval of the on-site superintendent, it will be my responsibility to have the installation corrected, at my expense.
6. When the satellite dish is no longer in use, it is my responsibility notify the management company so the on-site staff can remove it and I will be billed for this process.

I agree to follow the above listed guidelines and have read section regarding satellite dishes in the Rules and Regulations. If the installation of the satellite dish does not follow the guidelines, I am aware that it may have to be corrected at my expense and I may incur fines to my owner account.

Unit #

Owner signature

Date