

Variance Request Instructions

Linden East Condominium

1. Owner obtains a blank Variance Request Form from Kenrick Corporation either by visiting the Linden East page on Kenrick's website, the on-site Superintendent, or by emailing your property manager (a blank copy of this form is on page 3.)
2. Owner obtains a proposal/ estimate/ quote from a fully insured contractor
3. Owner completes the variance form which will include:
 - a. Full description of modification including style, color, materials
 - b. Contractor's name & contact information
 - c. On back of variance, check boxes regarding drawing/ plans, proposal/ estimate/ quote including brochure, pamphlet, tear sheet showing style, color, material
 - d. Include the contractor's General Liability AND Workers' Compensation Insurance Certificates. Linden East will not allow any contractor to work on the property who does not carry both insurances. *The Certificate Holder on the insurance certificates should be listed in the name of the homeowner with the homeowner's association address.***
 - e. *Additionally, we require you, the Homeowner, the condo association and Kenrick Corporation to be listed as "additionally insured" along with the job description in the Description of Operations. The box for additionally insured also needs to be marked off.***
**See next page for example Policy*
4. Initial that Owner agrees to contact Superintendent for inspections
5. Owner signs variance
6. Requests for replacing Screen/ Storm & Entry doors, see the current approved styles included after the request form & circle your choice of style
7. Submit completed variance form, proposal/ estimate/ quote, contractor's insurance certificates, and any other related documents to Kenrick Corporation. You can submit either by mail (USPS) or via email:
 - a. **Via USPS:** Kenrick Corporation - ATTN: Variance Team, 3495 Winton Place, Suite D4, Rochester, NY 14623
 - b. **Via Email:** variances@kenrickfirst.com
8. Once variance & all required documents are received, Kenrick Corporation will submit variance to Board of Managers for review. The Board has up to 30 days to review and make a decision.
9. Once a decision is made & variance is signed by the Board of Managers, the owner will be notified of the Board's decision.
10. 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 with Kenrick Corporation an explanation (i.e. product must be ordered, weather, etc...)

Property Management Information:

Kenrick Corporation
3495 Winton Place, D-4
Rochester, NY 14623
Office: (585) 424-1540
www.kenrickfirst.com



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 A Mend, 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		NAIC #
INSURER A : XXX Insurance Company		XXXXX
INSURER B : XXX Insurance Company		XXXXX
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						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 - COMPI/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N Y N / A						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)

Homeowner name here, Association name here, Kenrick Corporation all named as Additional Insureds in regard to general liability.

Regarding: Homeowner Name, Association Street Address, City, NY Zip Code

CERTIFICATE HOLDER Homeowner Name Association Street Address City, State, Zip	CANCELLATION 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

Variance Request Instructions

Linden East Condominium

Linden East Condominium Variance Request Form

*Board may take up to 30 days to review & make decision

Owner's Name: _____

Mailing Address: _____

City/State/ Zip: _____

Property Address: _____

Phone(s) H: _____ W: _____ Other: _____

Email Address: _____

Date Submitted: _____ Date BOM received: _____

In accordance with the Linden East Condominium covenants, easements, charges, and liens ("Declaration & By-Laws") and the Association's Rules and Regulations, I request approval to make the following changes, alterations, renovations, additions and/or removals to my unit:

Is this an amendment to a previous request? If yes, approximate date of previous request: _____
I understand that under the declaration and 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.
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 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 Linden East Condominium, its Board of Managers, and its agent have no responsibility with respect to such compliance and that the Board's 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.

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8. The contractor is: _____

9. Below check below to indicate items are included:

_____ a) A labeled drawing (to scale) of my plans

_____ b) A copy of the proposal from the contractor with a detailed description of the work to be performed and product information. i.e. brochures, cut sheets **(REQUIRED)**

_____ c) A copy of my contractor's Certificates of Insurance, including **General Liability and Workers Compensation** Insurance policies, with coverage being **valid & in effect at present and at the time work is completed (REQUIRED)**

_____ I agree to contact the property superintendent for inspections following completion of the work.
HO initials

Owner's Signature: _____

Return completed Variance Form via mail to: *Kenrick Corporation ATTN: Variance Team, 3495 Winton Place, Suite D-4, Rochester, NY 14623* or emailing to: variances@kenrickfirst.com.

Action Taken by Board of Managers (BOM)

_____ Approved as Requested

_____ Approved with the Following Exceptions:

_____ Disapproved Based on The Following:

If the change requested is not made within 30 days of the date of approval, approval of the variance request is automatically revoked. Later construction must be subject to re-submittal. **This change and the maintenance thereof will _____ will not _____ become the financial responsibility of the Homeowner.**

If the CONDO assumes costs, state amount and explain reason: _____

(Signature & Title)

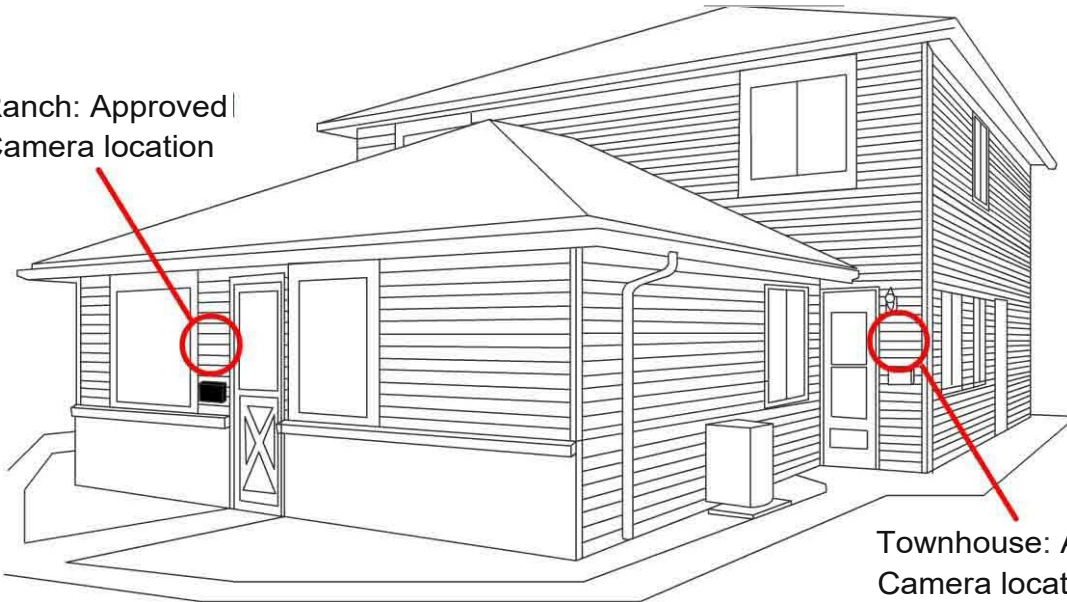
Linden East Condominium Board of Managers

(Date)

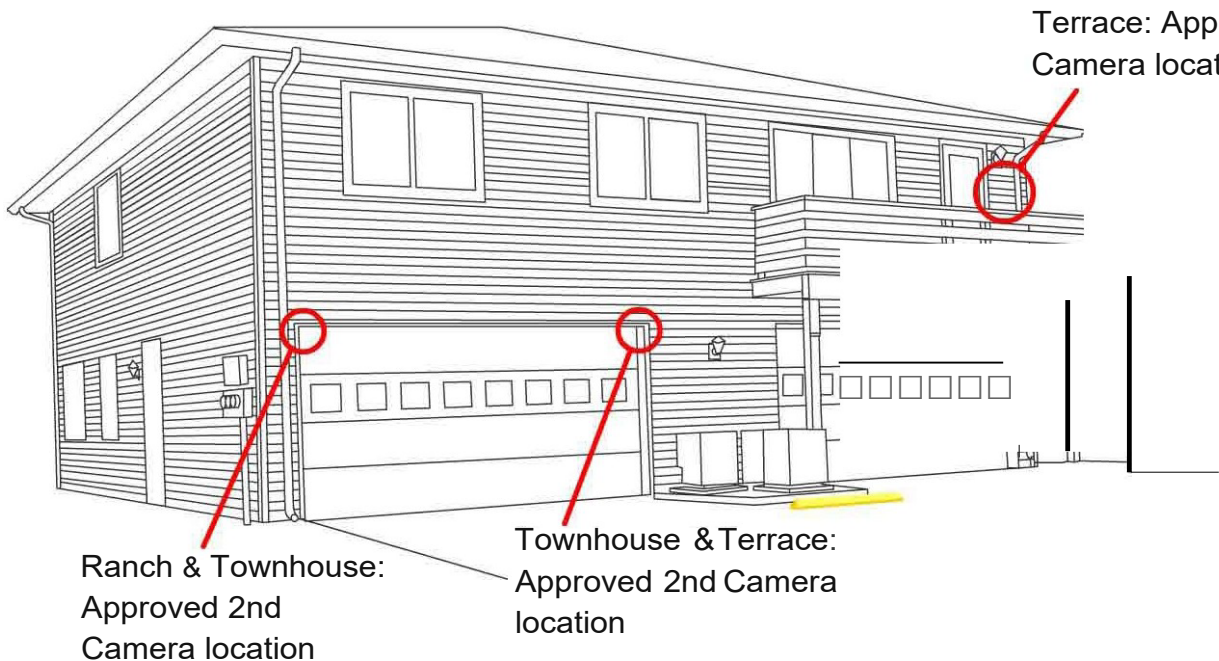
Variance for Residential Security Cameras

Camera locations are indicated below for Ranch, Townhouse (2 Story) and Terrace Units

Ranch: Approved
Camera location



Townhouse: Approved
Camera location



Terrace: Approved
Camera location

Ranch & Townhouse:
Approved 2nd
Camera location

Townhouse & Terrace:
Approved 2nd Camera
location

Camera power consideration:

Some cameras are battery operated and will need charging or battery replacement periodically. Other cameras can be hard wired into the condos electrical system. This may require an electrician to perform the installation.

ENTRY DOORS

Replacement of the unit entry door must be approved style and of solid core construction. The entry door must be white, preferably factory finished, not primer only. Future painting of the entry door is the responsibility of Linden East. Before replacing the unit entry door, a unit owner must submit a variance request for approval. No work should be done prior to receipt of written variance approval. Allow at least one month for the variance request to be approved.

Approved Entry Door Styles:



** = new approved style 10/2019

*** = new approved style 5/2020, 2/3 oval glass, clear or etched only, no colored glass.

SCREEN/ STORM DOORS

Before making any changes to the outside of a unit, including the addition or replacement of a screen/ storm door, a unit owner must submit a variance request for approval. No work should be done prior to receipt of the approved variance request. Allow at least one month for the variance request to be approved. The screen/storm door must be an approved design & white in color. The screen/storm door must be of metal construction, vinyl covered wood core, or metal covered wood core.

Approved Screen/ Storm Door Styles



WINDOW REPLACEMENT

Before replacing the unit windows, a unit owner must submit a variance request for approval. No work should be done prior to receipt of written approval. Allow at least one month for the variance request to be approved. All windows are sliding style windows and the exterior finish must be white or brown. Suggested vendors are Pace Window & Door and Wonder Windows.

Fogged Windows – There are contractors who specialize in replacing just the glass, sometimes at a lower cost than full a window replacement (Lucian Waters: (585) 227-6548)

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AIR CONDITIONERS

All Air Conditioning Condensers that are placed on the driveway (or in the flower bed for the ranch unit) **MUST** be placed on an appropriate pad under the condenser. (added by BOM 7/2019).

UP-FLOW FURNACES FOR RANCH & 2-STORY STYLE CONDOS

All duct work must be hard style pipe, no flexible piping allowed.

HEAT PUMP FOR RANCH

All lines are concealed and not run in overhead space. Condenser unit should be placed where the existing AC unit is located. Currently Taylor has installed heat pumps in 2 ranch units.

ELECTRIC CAR CHARGE STATION

The dealer where the car is purchased will have information and recommend vendors who can supply and install charge stations. Most will have 2 options:

- 1) 110 volt slow charging
- 2) 220 volt fast charge stations. Power will come from the owner's electric panel.