

Variance Procedure for Homeowner Parkside HOA

1. Homeowner obtains a Variance Request form from the Property Management Office.
2. Homeowner obtains proposal/estimate/quote from a fully insured contractor of your choice
3. Homeowner completes variance form including
 - a) Full description of modifications including style, color, size, material if necessary
 - b) Contractor's Name
 - c) Check boxes regarding drawings/plans, proposal/estimate/quote including brochure, pamphlet, tear sheet showing style, color, material
 - d) Include general liability & workman's compensation insurance certificate(s) for contractor
4. Homeowner signs variance
5. Submit variance, proposal/estimate/quote & insurance certificates to Bernadette Rizzo at the email below, indicating "**Parkside Variance Request**" on the outside of the envelope or as the subject if submitting via e-mail.
6. Once variance and all required documents are received and reviewed, Architectural Committee will review. They have up to 30 days to review and make a decision on the variance.
7. Once a decision is made, the variance is signed by the Architectural Committee, and the homeowner is notified of their decision.
8. If variance is approved, the Homeowner may schedule work to begin.
9. Work is to be completed within 30 days of approved variance. If this is not possible due to ordering product or weather, the homeowner must note this in the variance or contact the Property Management company with explanation.
10. Following completion of the work, homeowner must notify Kenrick and the Architectural Committee that work is done. An inspection of the work for compliance may ensue.

Email submission should be sent to Bernadette Rizzo at [<brizzo416@gmail.com>](mailto:brizzo416@gmail.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 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 Compne 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 <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:		y	MPU7668K	07/31/2020	07/31/2021	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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MPU7668K	07/31/2020	07/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> 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 <input type="checkbox"/>	N/A	WCU7668K	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
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**Parkside HOA
Variance Request Form**

**Submission of Plans to Architectural Committee (A/C)
Review and Decision by Architectural Committee may take up to 30 days.**

Homeowner Name: _____

Address: _____

City/State/Zip: _____

Phone H: _____ W: _____ C: _____

Email: _____

Date Submitted: _____ Date Received by A/C: _____

In accordance with the Parkside HOA covenants, charges and liens (declarations & bylaws) and the rules and regulations, I request to make the following changes, alterations, renovations, additions and/or removals to my unit

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

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

1. No work or commitment to work will be made by me until I have received written approval from the committee.
2. All work will be done at my expense and all future maintenance and upkeep will remain at my expense or future homeowner's expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by my contractor or myself.
4. All work will be performed at a time and in a manner to minimize the 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 the 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 all applicable federal, state and local laws, codes, regulations and requirements in connection with this work and will obtain any necessary governmental permits and approvals for the work and applicable inspections. I understand that the Parkside HOA, its board of Directors its agent and the committee have no responsibility with respect to such compliance and that the Board of Directors or its designated committee approval of this request shall not be understood as the making of any representation or warrantee that the plans, specifications or work comply with any law, code, regulations or governmental requirement.

8. The Contactor is: _____

Contractor must carry General Liability & Worker's Compensation Insurance to work on the Parkside Property.

9. Is this request in accordance with the Americans with Disabilities Act of 2019? _____ Yes _____ No

10. I have attached: (all may be selected)

_____ A. A labeled, detailed drawing (to scale) or blueprint or plans

_____ B. A copy of the proposal from the contractor with a detailed description of the work to be performed with product information (i.e. proposal, brochures, pamphlet, tear sheets, etc.)

_____ C. A copy of Insurance Certificate(s) from the contractor showing **General Liability & Workman's Compensation Insurance** coverage in effect at the time the work is performed.

11. I will notify the committee when the work is completed. Work is subject to a final compliance inspection upon completion by one or more members of the Architectural Committee.

It is incumbent upon the homeowner to check with the Town of Henrietta to see if a permit is required for the proposed work and to acquire said permit. Examples of items that require the permit are Emergency Generators, Fencing, Venting and Egress Windows.

Homeowner Signature: _____

Action taken by Architectural Committee (A/C)

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 of the application to the committee.

If there is a known reason why work could not be started at this time (i.e. awaiting material, contractor scheduling, weather, etc.), please explain above with the description of the work.

* _____
Architectural Committee Chair, Parkside HOA.