

**The Residences at Canalside Condominium**

**Variance Request Form**

**Please give 30 days for review and decision by Sponsor/Board**

**Submission of Plans to the Sponsor/Board of Managers**

Homeowner:

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
City, State, Zip:

\_\_\_\_\_  
Property Address

(if different than mailing address):

\_\_\_\_\_  
Phone(s):

H

W

C

\_\_\_\_\_  
Email address:

\_\_\_\_\_  
Date Submitted:

\_\_\_\_\_  
Date Received by BOD:

\_\_\_\_\_  
In accordance with The Residences at Canalside Condominium covenants, easements, charges, and liens (“declaration”) and the association rules and regulations, I request your consent to make the following changes, alterations, renovations, additions and/or removals to my unit:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Is this an amendment to a previous request? \_\_\_\_\_. If yes, the approximate date of previous request: \_\_\_\_\_. I understand that under the declaration and the rules and regulations, the Sponsor/Board of Managers 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 homeowner’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 Residences at Canalside Condominium, its Sponsor/Board of Managers, its

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agent and the committee have no responsibility with respect to such compliance and that the Board of Managers or its designated committee’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.

8. I understand that a decision by the Sponsor/Board of Managers is final.

9. The contractor is: \_\_\_\_\_

10. If approved within thirty (30) days, the work would start on or about \_\_\_\_\_ and would be completed by \_\_\_\_\_.

11. I have attached - Place a Check Mark Indicating Which Items are Included (all could be included):

- A. A detailed drawing (to scale) or blueprint of plans
- B. A copy of survey map. (Needed for fences and decks)
- C. A copy of the proposal from the contractor with a detailed description of the work to be performed with product information. i.e. brochures, cut sheets.
- D. A copy of an insurance certificate from the contractor listing Liability and Workers Compensation Insurance coverage in effect at this time – Required for all contractors.

**Homeowner Signature:** \_\_\_\_\_

***Return completed Variance Form to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, fax to Kenrick Corporation at 585-424-1553 or email [cluffman@kenrickfirst.com](mailto:cluffman@kenrickfirst.com).***

Date of Action: \_\_\_\_\_

\_\_\_\_\_ Approved as Requested

\_\_\_\_\_ Approved with the Following Exceptions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Disapproved Based on The Following:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor/Board President

\_\_\_\_\_  
Date

Any work not started on or before \_\_\_\_\_ is not approved and later construction must be subject to re-submittal to the committee.