

Variance Procedures for Owner
Towne Harbour HOA

1. Owner obtains proposal/estimate/quote from fully insured contractor
2. Owner needs to complete the following when submitting the variance form:
 - a. Full description of modification including style, color, materials - please read the variance guidelines information carefully for any specific details required for certain types of variance requests.
 - b. Contractor's name & contact information
 - c. On 2nd page of variance, check boxes regarding drawing/plans, proposal/estimate/quote including brochure, pamphlet, tear sheet showing style, color, material
 - d. Include general liability AND workers' compensation insurance certificates for contractor. The certificate holder on the insurance certificates should be listed as the homeowner using their Towne Harbour address. IMPORTANT – If you are using KMC, the homeowner must initiate the request for the insurance certs from KMC by calling (585) 424-1080. Please note on the variance form the date that you made the request of KMC.**
 - e. Additionally, we require you to be listed as "additionally insured" along with the job description in the Description of Operations. Insurance sample is included***
3. Owner signs the variance if on paper copy or will need to type in a signature online.
4. Submit variance, proposal/estimate/quote, & insurance certificates to Kenrick Corporation office online <https://kenrickfirst.com/th-variance-request/>
Or if you have a paper copy you may submit via mail to: 3495 Winton Place D4, Rochester, NY 14623 or via email at variances@kenrickfirst.com.
5. Once variance & all required documents are received, Kenrick Corporation will submit variance to appropriate committee for review. The committee will forward it to the Board with their recommendation. The Board has up to 30 days to review and make a decision.
6. Once a decision is made & variance is signed by the Board of Directors the owner will be notified of the Board's decision.
7. 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 to Kenrick Corporation with an explanation (i.e. product must be ordered, weather, etc....)

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

Towne Harbour Island Variance Request Form

Submission to the Board of Directors (BOD) and (check one)

Architectural Committee Dock Committee Landscape Committee

Homeowner:

Mailing Address:

City/State/Zip:

THI Property Address:

Home Phone:

Other Phone:

Email Address:

Date Received by the Management Company:

Date received by Committee:

In accordance with the Towne Harbour Island Bluebook covenants, easements, charges, and liens ("declaration & by-laws") and the 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/BOD will act on this request and the management company will provide me with a written response of their decision within 45 days of the submission of this document. 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 BOD via the management company.
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 professional manner.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I will 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 all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain all necessary governmental permits and approvals for the work.
8. I understand and agree that Towne Harbour Island, its Board of Directors and the Committee have no responsibility with respect to such compliance as outlined above and that the Board of Directors 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.
9. I understand that the initial decision regarding this variance request is not final. The Board of Directors may decide to reverse or modify its initial decision following consideration of a written appeal by the homeowner if made to the Board within thirty (30) days after the initial decision.
10. If approved, the work would start on or about _____ and would be completed on or about _____.
11. No modifications are to be made to the THI Common Property without PRIOR consent of the Committee and BOD. If modifications are approved, the unit owner will be responsible for the cost to repair any damages made to the common property by the unit owner or their contractor.
12. The work will be completed by (check one) _____ Homeowner _____ Contractor, and I have provided the following required items in this variance request (check each box that applies).

_____ The name, address and contact information of the contractor (required only if using contractor)

_____ A labeled drawing (to scale) or blueprint of my plans (required if contractor OR homeowner completing work)

_____ A copy of the proposal from the contractor (required only if using contractor)

_____ A detailed description of the work to be performed and product information, e.g. brochures, cut sheets, photographs (required if contractor OR homeowner completing work)

_____ A copy of an insurance certificate from my contractor listing General Liability Insurance and Workers Compensation coverage in effect presently and at the time the work is completed (required only if using contractor; see sample Certificate of Liability Insurance on website) If KMC is the contractor, Certificate of Insurance was requested of KMC on _____.
(Date)

13. I agree to contact the Management Company when the variance work is completed.

(Homeowner's Signature)

(Date)

Action Taken by the AC/DC/LC Committee

Date of Action: _____

_____ Recommended as Requested

_____ Recommended with the Following:

_____ Not Recommended Based on The Following Concerns:

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

(Signature of Chair, Architectural/Dock/Landscape Committee)

(Date)

Action Taken by the Board of Directors (BOD)

Date of Action: _____

_____ Approved as Requested

_____ Approved with the Following Exceptions:

_____ Not Approved

Reasons for decision to not approve:

(Signature of the President, Board of Directors)

(Date)

Action Taken by the Management Company

_____ On this date the homeowner was provided with a written decision of the Board of Directors regarding this variance proposal.

(Signature of the Representative of the Management Company)

(Date)



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		NAIC #
	INSURER A : XXX Insurance Compame		XXXXXX
INSURED Organization Name and address	INSURER B : XXX Insurance Company		XXXXXX
	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 (M/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 OWNED <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 Y	N/A	WCU7668K	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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