

SPRING MILL TOWNHOMES HOMEOWNERS ASSOCIATION
ARCHITECTURAL/LANDSCAPE VARIANCE FORM

UNIT OWNER _____ DATE _____

ADDRESS _____ PHONE _____

NATURE OF VARIANCE _____

DIMENSIONS _____

CONSTRUCTION MATERIALS/PLANTS SPECIES _____

SUPPLIER _____ APPROX. COST _____

A SKETCH OF ALL IMPROVEMENTS MUST BE ATTACHED TO THIS APPLICATION SHOWING LOCATION

I understand the rules concerning the proposed improvement and agree to abide by them. As of the approval date of this alteration, I accept full responsibility for all the upkeep of the altered area, and to maintain it in safe and attractive condition.

UNIT OWNER SIGNATURE _____ DATE _____

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CARUSO MANAGEMENT GROUP ***FOR OFFICE USE ONLY**

DATE RECEIVED _____ RECEIVED BY _____

DATE OF COMMITTEE REVIEW _____

_____ APPROVED (IF APPROVED, STATE CONDITIONS OF APPROVAL, IF ANY, ON REVERSE SIDE)

_____ NOT APPROVED (IF NOT APPROVED, STATE REASONS FOR DISAPPROVAL ON REVERSE SIDE)

_____ FORWARDED TO BOARD FOR APPROVAL (STATE COMMITTEE RECOMMENDATIONS ON REVERSE SIDE) DATE OF BOARD REVIEW _____

_____ APPROVED (IF APPROVED, STATE CONDITIONS OF APPROVAL, IF ANY, ON REVERSE SIDE)

_____ NOT APPROVED (IF NOT APPROVED, STATE REASONS FOR DISAPPROVAL ON REVERSE SIDE) DATE OF INSPECTION REVIEW _____

_____ APPROVED

_____ NOT APPROVED (STATE REASONS ON REVERSE SIDE)

COMMITTEE CHAIRPERSON SIGNATURE

BOARD OF DIRECTOR'S SIGNATURE