SABLE CREEK OWNERS ASSOCIATION
REQUEST FOR VARIANCE/APPROVAL

This is your application for a proposed architectural variance. Please read it carefully. The Architectural Control Committee will review your information and direct a written response within thirty (30) days following the receipt of this request.

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
E-Mail: _____ Fax: _____

DESCRIPTION OF REQUESTED VARIANCE:

____ Painting of home or staining of fence; Please list proposed paints and/or stains and any other pertinent specifications.

____ Installation of Satellite Dish: Include map or describe proposed location.

____ Permanent Structure: Include type and color of materials to be used, map for location in backyard and/or building permit and contract for any remodeling or other pertinent information.

____ Other _____

PLANS ATTACHED: yes ____ no ____

Date Work to Begin: _____ Est. Completion Date: _____

CERTIFICATIONS AND AGREEMENTS:
Homeowner certifies that all materials submitted for this application are true and correct. Homeowner understands and agrees that no work may be performed prior to or in deviation from the terms of a permit approved by the Architectural Control Committee. Homeowner also understands and agrees contractor yard signs are not permitted.

_____ _____
Homeowner Signature Date