



For questions or more information:
Dawn Kelly- Property Management Group
817.337.1221
dkelly@propertymanagementgroup.org

Date: _____, _____, 202__

Name: _____

Address: _____

Lot: _____ Blk: _____

Builder/Contractor: _____ Name of Rep: _____

Phone: _____ Phone: _____

Email Address: _____ Email Address: _____

In accordance with the SouthBend Estates POA Covenants, Conditions and Restrictions, I request your consent for a variance for the purpose of:

Please make your request detailed and attach any information, drawings, or photos that will help us make an informed determination:

By submitting this variance, I understand and acknowledge that the Covenants, Conditions and Restrictions, the Architectural Review Committee will act on this request and provide me with a written response of their decision. I further understand and agree that no work or commitment of will be made by me or my representative until I have received written approval. The Architectural Review Committee ("ARC") has up to 30 days to review this variance application when complete. Non-compliance with the Declaration of Covenants, Conditions & Restrictions, the Rules & Regulations of the Minimum Design & Construction Standards and/or this application, may result in a fine to the Lot Owner and a Stop Work Order being issued.

SIGNED:
Lot Owner's Name: _____
Signature: _____
Date: _____

SIGNED:
Builder/Contractor Name: _____
Signature: _____
Date: _____

Variance Request Form Response:

___ FINAL APPROVAL

___ CONDITIONAL APPROVAL SUBJECT TO FOLLOWING: _____

___ VARIANCE DENIAL FOR FOLLOWING: _____

DATE OF RESPONSE: _____ NAME OF ARC MEMBER: _____