WENTWORTH ESTATES HOMEOWNERS 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:	Work Phone:
Cell Phone:	Fax:
DESCRIPTION OF REQUESTED VARIANCE:	
Painting of home or staining of and any other pertinent specific	f fence; Please list proposed paints and/or stains cations.
Installation of Satellite Dish: Ir	nclude map or describe proposed location.
•	ype and color of materials to be used, map for ilding permit and contract for any remodeling or
Other	
PLANS ATTACHED: yes no	
Date Work to Begin:	Est. Completion Date:
Homeowner understands and agrees the deviation from the terms of a permit a	ENTS: s submitted for this application are true and correct. hat no work may be performed prior to or in approved by the Architectural Control Committee. ees contractor yard signs are not permitted.
Homeowner Signature	Date