This form can be printed, filled out by hand and delivered to the appropriate Chairperson. Instructions for using Windows and Mac computers to fill it out and submit it appear on the Forms page above the individual forms links.

Note that Save and Submit buttons are for Windows ONLY.

CSEII Variance Request Form Parking Restriction (CC&R Section 12.15.4)

*Homeowner Name						
*Address			*L	.ot #	*Date	
*Phone			*E	Email		
Describe vehicle type(s), condition	s variance	is bein	g reque:	sted for:	*indicates a	a required field
*Vehicle type	vpe *Color			*License #		
Vehicle type	Color		License #			
Vehicle type	Color			License #		
*Current parking location						
*Temporary Request for	Days	O.D.	*1.0	ng Term Re	nuest for	Months
remporary nequestron	Days	OR	LC	ing remine	quest foi	WOITCHS
*Reason for Request (describe her Caregiver Other (Please describe	,					
Architecture Committee and CSEII	Board Use	e Below	v:			
Date of Review						
Vehicle impacting traffic/	visibility?	Yes	No			
Impact to neighbors?	-	Yes	No			
Variance Granted?		Yes	No			
Type of variance (choose	one)	Tem	oorary	Long-term		
Date Variance Ends						
Conditions of Variance if	granted					
ARC member(s) review date:						
ARC members present:						
Board review date:						
Board member names:						

Cc: Requesting homeowner

ARC Lot file

Effective: 09-04-2020