

CSEII Variance Request Form

Parking Restriction (CC&R Section 12.15.4)

*Homeowner

Name

*Address

*Lot #

*Date

*Phone

*Email

Describe vehicle type(s), conditions variance is being requested for:

*indicates a required field

*Vehicle type

*Color

*License #

Vehicle type

Color

License #

Vehicle type

Color

License #

*Current parking location

*Temporary Request for

Days

OR

*Long Term Request for

Months

*Reason for Request (describe here)

Caregiver

Other (Please describe)

Architecture Committee and CSEII Board Use Below:

	Date of Review
	Vehicle impacting traffic/visibility? Yes No
	Impact to neighbors? Yes No
	Variance Granted? Yes No
	Type of variance (choose one) Temporary 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