

APPLICATION FOR AN ARCHITECTURAL REQUIREMENT VARIANCE

Mail Address:		Lot Number:
Member:	Phone Number:	Email
Contractor:	Phone Number:	
Date of Request		
	Specific Requirement or Restriction	n for which a Variance is Requested
Rea	ason for the Request (Please attach)	pictures and drawings for clarification)
I acknowledge that I have	read and understand the KEOA	Architectural Guidelines, Requirements & Restrictions
Signature of Member or Cor	ntractor	
Neighbor Approval for setba	ack requirement variance only	APPROVED □NOT APPROVED
Review Committee Comme	nts: □APPROVED □NOT APPROV	/ED
Architectural Chair Signatur	re	_ Date
Comments/Conditions		