Ess Lake Association

Request for Variance of Association Restrictions

Date:				
Name:			Lot Nur	nber(s):
Address	:			
Phone Number:			Email Address:	
I.	Describe y	our request fo	r variance:	
II.	List the act variance:	ual rule numbo	er of the Restriction	n(s) that you are requesting a for a
III.	Attach a di	agram of your	request including	all measurements (lot, setbacks, buildings)
For Asso	ociation Boa	rd Use:		
Date request received:			Date Reviewed by Board:	
Board Response:		Approved	Disapproved	Delayed/Request for more information
Final Approval Date:		Signed:		
Date Let	ter Sent:			