

REQUEST FOR VARIANCE TO CCHOA PROTECTIVE COVENANTS

Property Information

Date of Request: _____

Owner: _____

Address: _____

Phone: _____ **Email Address:** _____

PPRBD Permit Number (if applicable): _____

Project Description

Description of Proposed Variance

Alternatives Considered

REQUEST FOR VARIANCE (CCC REVIEW)

Primary Reviewer: _____ Completion Date: _____

Phone: _____ Email Address: _____

Variance Approval

- Approved as requested
- Approved with changes
- Disapproved

Comments (description of changes, rationale for disapproval, etc.)

Reviewer Signature _____ Date _____

Property Owner Acceptance _____ Date _____