

APPLICATION DATE _____

PERMIT# _____

RECEIVED BY _____

Fort Clark Springs Association, Inc.
REQUEST FOR VARIANCE

NAME _____

STREET/EMS
ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

PROPERTY LOCATION

UNIT _____ BLOCK _____ LOT(S) _____

Description of Variance:

Property Owner(s) Adjacent to Variance:

Chairperson, Architectural Committee

Date

Variance:

Approved

Denied

Board of Director Signature

Date