MOSES CREEK ESTATES VARIANCE REQUEST FOR ARCHITECTURAL REVIEW WILL BE DROPPED OFF AT ALSOP 77 ALMERIA ST. ST. AUGUSTINE FL 32084 OR MAILED TO ALSOP P.O. BOX 1389 ST. AUGUSTINE FL 32085

<u>Name</u>	e: Date:	. Date:	
<u>Addre</u>	ess: . Phone:		
TWO .	HARD COPIES OF ALL DOCUMENTS ARE REQUIRED		
Descri	iption of work:		
Exteri	ior color change: TWO COLOR SAMPLES		
0			
0	Trim:		
0	Accent:		
0	Roof:		
<u>Exteri</u>	ior alteration: TWO COPIES OF EACH ELEVATION TO BE ALTERED		
0	This may be a drawing (Architectural), or a photograph marked with the proposed changes. For either drawing or photo, please include all pertinent dimensions (length, width, height, etc.) of the requested changes, including setback dimensions of the changed area to relevant front, rear or side property boundary lines.		
0	If alteration is to match the existing residence please state so, if not provide two color samples of the existing and the proposed alteration color.	•	
Exteri	ior addition: TWO COPIES OF ELEVATION DRAWINGS AND SITE PLAN REQUIRED		
0			
	state so on the drawing or photo submitted.		
Recon	mmendations:		
0	Approved		
0	Exception taken: Make revisions as indicated		
0	Rejected:		
	DATE:		

If rejected will be forwarded to the HOA board for review/approval.

Approval is in general compliance with the Covenants of the Moses Creek Estates Homeowners Association Article V and VI. Approval does not relieve any supplier or subcontractor from the responsibility for quantities, dimensions or compliance with drawings or manufacture specifications.

Please submit all copies to ALSOP as indicated on the top of the application.

Request for Variance

Variances May be granted if a homeowner can demonstrate a hardship that was not self created and is fairly unique to the Moses Creek Estates Community. To seek a variance the Homeowner must submit the application and this form to the ACB for their approval, or recommendation to the HOA Board. All neighbors will be notified of all variance request to the ACB by the Homeowner. Reference Covenants Article V, Section 5.

The following section must be completed only if a variance is sought.

Date neighbors notified of variance request by the ACB.	
Address(s) notified:	
Side:	
Side:	
Front:	
Back:	
ACB decision/recommendation on variance:	
Approved:	
Rejected:	
If rejected will be forwarded to HOA Board for review/approv	val:
in rejected will be forwarded to HOA Board for review/approv	vai.
HOA decision on variance:	
TION decision on variance.	
Ammanada	
Approved:	
Rejected:	
nejecteu	
Reason for rejection:	
Reason for rejection.	
DATE:	
	