

# UNIT OWNER VARIANCE REQUEST

Please mail or deliver your request to: Board of Directors  
2733 S. Walter Reed Drive, Lower Level  
Arlington, VA 22206

Phone: (703) 931-0400, Fax: (703) 820-9763, Email: associationoffice@erols.com

## I. Owner Information:

Owner's

Name(s): \_\_\_\_\_

Owner(s)

Address: \_\_\_\_\_

\_\_\_\_\_

Unit #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone

#: \_\_\_\_\_

Email Address: \_\_\_\_\_

## II. Description of Variance Requested

### Instructions:

1. **Prepare a sketch or written description** of the proposed improvement or change in sufficient detail, so that the Board of Directors can make a decision regarding the request. Please be as specific as possible. Give full details (or attach exhibits) of purpose and/or reason, type of materials to be used, and location.

Description/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional notes, descriptions, documents, etc., if necessary.

2. All proposed improvements must meet local building and zoning codes. Your signature indicates that these standards are met to the best of your knowledge. Application for a local building permit and location of utilities (if applicable) is applicant's responsibility.

## III. Notes:

1. Alterations to land or buildings made in accordance with these guidelines and procedures shall not violate any of the Condominium Instruments or any of the provisions or Building and Zoning Codes of the County of Arlington, to which the above condominium is subject. Further, nothing herein contained shall be construed as a waiver or modification of any restriction.

2. The Building Ordinance of the Arlington County Building Department requires that you file plans with the Building Inspector at Court House Plaza, 2100 Clarendon Boulevard, Suite 804, Arlington, Virginia, 22201. If you have questions regarding County Building and Zoning Codes or filing procedures, call the Office of the Building Inspector at (703) 228-3800.
3. The undersigned understands and agrees that no work on this request shall commence until written approval of the Board of Directors has been received.
4. This application usually takes no more than 45 days for complete review.
5. A copy of this application shall be returned to you after review by the Board of Directors.
6. The undersigned has read and understands the applicable provisions of the Condominium Instruments, Policy Resolution # \_\_\_\_\_, and the provisions of this application in regard to property damage.
7. The association assumes no responsibility for any damage to person or property resulting from, or related to, any change to a Unit or Common Elements, whether or not such change has been approved by the Board of Directors, since the Association cannot control quality of workmanship relative to the change or errors or omissions of pertinent information on this application.

Unit Owner's  
 Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

IV. Board of Directors Action:

1. Date that the Board of Directors reviewed the variance request: \_\_\_\_\_
2. The following action was taken by the Board of Directors:

The variance **was not approved** by the Board of Directors and may not be undertaken.

The variance **was approved** by the Board of Directors **subject to the following conditions:**

- a) That in accepting and exercising the above variance, the Unit Owner of Unit # \_\_\_\_\_ and all future owners will be responsible for all care and maintenance incurred by the variance.

b) The Unit Owner of Unit # \_\_\_\_\_ will not remove or relocate any physical items which are part of the variance.

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Approved By: \_\_\_\_\_

Date: \_\_\_\_\_