CONDOMINIUM 19 – HERITAGE HILLS OF WESTCHESTER

Variance Application

Patios, Decks, Exterior Plantings, Awnings, Alterations to Unit Interior and Common Elements

All requests must be made in duplicate.

1. Owner must provide written approval from all neighbors who are affected by a change including perennial plantings.
2. Check with the Town of Somers if a permit is needed for any of the work planned.
3. A floor plan, drawing, sketch, architectural plan or brochure, pictures or other pertinent information must accompany all variance requests. **Describe in detail the exact work to be completed.**
4. **Certificate of insurance and Westchester County work license from Contractor or others providing the work must be submitted holding Condo 19 harmless**.
5. **All conditional variances are subject to submission of a proper building permit from the Town of Somers, if applicable. Most projects require a permit. No work may begin until a properly executed building permit is returned to the Board of Managers for review. Building Department 277-3539.**
6. **All variances are granted with the express condition any improvements/changes are to be maintained at the sole cost and expense of the Unit Owner.** Maintenance includes repair of any damage to the common element as result of said improvements/changes. **This provision shall bind all subsequent owners of the individual condo unit. If the maintenance is not performed, the Condominium may perform it and back charge the Unit Owner for all costs and expenses.**
7. Work **must not** start until this Variance is approved by Condo 19 Board of Managers along with copy of Somers Town Permit if required.

REQUEST: _____

UNIT NUMBER/MODEL **OWNER'S NAME** **DATE**

DESCRIPTION OF WORK TO BE COMPLETED (Attach information, i.e., Certificate of Insurance, drawings, etc.)

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UNIT OWNER'S ACKNOWLEDGEMENT:
I acknowledge reading the above and will be bound by all terms regarding this Variance as set forth by the Board of Managers of Condominium 19.

UNIT OWNER'S SIGNATURE_____**DATE**_____

VARIANCE CHAIR RECOMMENDATION_____

BOARD OF MANAGER'S APPROVAL/DENIAL_____**DATE**_____

PRESIDENT'S SIGNATURE _____**DATE**_____