



Architectural Variance Request Form

Owner Name: _____ Email Address: _____

Property Address: _____

Phone: (Home) _____ (Cell) _____

Submission Date: ____ / ____ / ____

Contractor Information:

Contractor Name: _____

Contractor Phone: _____ Contractor Email: _____

CT HIC#: _____

Project Est. Start Date: ____ / ____ / ____ Town Permits Required Yes ☐ No ☐

Modification or Addition Requesting:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Shed | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Addition to house |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Retaining Wall: |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Roof | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Siding/Trim | <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Generator Install | |
| <input type="checkbox"/> Patio/Deck | <input type="checkbox"/> Play Equipment | |

Description of and reason for request (**Required**): _____

Is this request in response to a violation letter we sent you? Yes ☐ No ☐

Please make sure you have attached/included all of the following information:

- ☐ A completed Submission Form (**including signature below the Owner Acknowledgement notice on next page**)
- ☐ A description of the project, including height, width and depth, roofing materials, colors, etc.
- ☐ A complete materials list of the project, including color samples
- ☐ A picture or drawing of the intended/existing project (sketches, clippings, catalog illustrations and other data or links to websites)
- ☐ A site plan showing all structures on your lot and the proposed structure (including dimensions from the property line or other structures)
- ☐ A COI from the contractor with REI Property & Asset Management and Torrington Farms as additionally insured. Please have them add the description of work as well. **Please refer to examples of the two COI forms that are required at the end of this form.**

Please send your request to: **Torrington Farms I**
c/o REI Property Management
839 Main St.
Torrington, CT 06790

Email to: cleblanc@rei-pm.net

For Board/Management Use Only:

Date Submission Received: _____

☐ APPROVED ☐ APPROVED W/STIPULATIONS ☐ DENIED ☐ DENIED – INSUFFICIENT INFORMATION

Stipulations/Comments/Suggestions: _____

Board Approval Date: _____ Board Denied Date: _____

Owners Acknowledgements:

I understand:

- Work shall not commence until I have received approval of the Executive Board.
- Any construction or alteration to the subject property prior to approval of the Executive Board is strictly prohibited. If I have commenced or completed any construction or alteration to the subject property and any part of this application is disapproved, I will be required to return the subject property to its original condition at MY OWN EXPENSE. If I refuse to do so and the HOA incurs any fees and/or legal fees related to my construction and/or application, I will reimburse the HOA for all such expenses incurred.
- That any and all construction or alterations being completed in a neat and orderly manner;
- That there are architectural requirements covered by the Covenants and a board review process as established by the Board of Directors;
- All proposed improvements to the property must comply with city, county, state and local codes. **I understand that applications for all required permits are my responsibility.** Nothing herein shall be construed as a waiver of modification of any codes. My signature indicates that these standards are met to the best of my knowledge.
- That any variation from the original application must be resubmitted for approval;
- This alteration will not detrimentally affect the proper drainage of any common areas or surrounding lots. I will be responsible at my expense to correct any drainage problems to such areas that may occur as a result of this work or alteration.
- *The Contractor/Applicant acknowledges and agrees that the Executive Board and Association assume no liability resulting from the approval or disapproval of any plans submitted. The Executive Board and the Association assume no liability and make no representations regarding the adequacy or quality of any submitted plans or whether such plans comply with any or all governing authority requirements. The Executive Boards review, comments, and/or approvals do not relieve the Contractor/Applicant of their responsibility and obligation to comply with the Master Declaration, Master Design Guidelines, or Subdivision Guidelines as applicable. The Builder/Applicant agrees to grant the Association access to property at any reasonable hour to inspect for compliance issues.*
- *It is the duty of the owner and the contractor employed by the owner to determine that the proposed improvement is structurally, mechanically and otherwise safe and that it is designed and constructed in compliance with applicable building codes, fire codes, other laws or regulations and sound practices. Your association, the Executive Board and any employee/management or member thereof, shall not be liable in damages or otherwise because of the approval or non-approval of any improvement.*

I certify that the above information is an accurate representation of the proposed improvements and that the work will conform to applicable codes, covenants and standards. I also certify that the improvements will be completed in accordance with the approved application. I understand that construction is not to begin until approval has been received from the Executive Board.

Owner/Applicant Signature: _____ **Date:** _____

Co-Owner/Applicant Signature: _____ **Date:** _____

Informational Addendum

REVIEW PROCESS – Once your request is received it will be emailed to the Board of Directors to review please allow up to 7-10 days from the time the request is submitted. The Executive Board will make every reasonable effort to expedite the review process. The Executive Board may seek additional information to help clarify your request.

APPLICATION – The application must be accompanied with necessary documents, photos, drawings, brochures, and information necessary for the approval process. Property owners must sign the application. Contractor's signatures for property owners will not be accepted. **Modifications are not permitted to commence until the modification has been reviewed and approved by the Executive Board.**

NOTIFICATION - All owners will be notified in writing by email once the request has been approved or denied.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sundel & Milford Inc 11 SCOVILL STREET P.O. BOX 231 WATERBURY CT 06720	CONTACT NAME: Margaret Milford PHONE (A/C, No, Ext): (203) 753-0114 E-MAIL ADDRESS: margaret@sundelmilford.com FAX (A/C, No): (203) 755-6928
INSURED Curley Colon Landscaping LLC 115 Tanglewood Rd New Hartford CT 06057-3214	INSURER(S) AFFORDING COVERAGE INSURER A: Fidelity & Guaranty INSURER B: TRAVELERS CASUALTY INS CO OF AMERICA INSURER C: Berkshire Hathaway Guard INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL24101508384 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CONFIDENTIAL Courtney Leblanc, 1/10/2025, 8:49:24 AM	01/27/2024	01/27/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CONFIDENTIAL Courtney Leblanc, 1/10/2025, 8:49:24 AM	01/27/2024	01/27/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 500,000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	CONFIDENTIAL Courtney Leblanc, 1/10/2025, 8:49:24 AM	05/06/2024	05/06/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job Location: 235 Winsted Road, Torrington, CT 06790 ← Job location (year address)
Job: Landscape services

↑ Please add description of work

CERTIFICATE HOLDER**CANCELLATION**

Torrington Farms Assoc. Inc. 2A Wesc St Danbury, CT 06810	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Job: landscape services

↑ Please Add Description of Work

CERTIFICATE HOLDER

REI Property Management
2-A Ives Street
Danbury CT 06810

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AUTHORIZED REPRESENTATIVE

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