Indian Oaks Homeowners Association Variance Request Form

Name: Address: Phone:							
Date Submitted:							
circumstances w		he needs of a fami	Restrictions <i>may</i> be granted in special ily for example, a wheelchair ramp on ifiable need.				
In accordance with the Indian Oaks Homeowners Association Covenants, Conditions and Restrictions, I request your consent for the purpose of:							
informed detern I understand tha Restrictions, the	nination. t under the Indian Oaks Home	eowners Association	s request and provide me with written				
 I assume perform I will be local law any neces I unders and or it making of 	e all liability and will be respondance of this work now and in the responsible for complying with as, codes, regulations, and requessary governmental permits at and and agree that the Indians designated committee's apprendictions.	nsible for all damage the future. In, and will comply juirements in conneand approvals for the Oaks Homeowne proval of this requesanty that the plans	with, all applicable federal, state, and ection with this work, and I will obtain the work. ers Association, its Board of Directors, est shall not be understood as the specifications, or work comply with				
I understand tha regarding their c	·	request as quickly	as possible and contact me in writing				
 Signature		 Date					
Authorized Boar	d Signature		Approved Y/N				

Instructions

Variance Requests must be submitted using this form and emailed to IndianOaksHOA@yahoo.com or by postal service to:

Indian Oaks Homeowners Association PO BOX 909 Quinlan, Texas 75474

Requirements:

- All requests must be accompanied by scale drawings.
- Variance requests must have a justifiable need for the variance.