

SANDESTIN OWNERS ASSOCIATION, INC.

VARIANCE REQUEST FORM

A. NAME OF OWNER REQUESTING VARIANCE: _____

SANDESTIN ADDRESS: _____

The variance described below is being requested in order to obtain approval for a modification, new construction and/or landscaping at the above referenced Sandestin address. In accordance with the SOA Architectural Review Board (ARB) Guidelines, this form is being sent to adjacent property owners that may be affected by the requested variance. Please review the details below as well as any attachments that describe/identify the variance being requested. The adjacent property owner's response will be considered when being reviewed by the SOA ARB. Please see the "Variance Request" section of the ARB Guidelines for additional information.

B. DETAILED DESCRIPTION OF VARIANCE REQUEST: (Include survey, photos or other supporting documents that depict variance being requested.)

C. OWNER CONTACT INFORMATION: (Party requesting variance)

Name _____ Email: _____
Address _____ City _____ State _____ Zip _____
Telephone: _____

CONTRACTOR: (If applicable)

Name _____ Email: _____
Address _____ City _____ State _____ Zip _____
Telephone: _____

D. NOTICE OF VARIANCE REQUEST DELIVERED TO: Adjacent Property Owner(s)

Name _____ Email: _____
Address _____ City _____ State _____ Zip _____
Telephone: _____

Sandestin Property _____

E. As the adjacent property owner to the location of the project described above I hereby

Agree _____ Disagree _____

to the variance being requested. I understand that the ARB will make the final decision regarding this request.

Signature of Adjacent Property Owner: _____

Comments: _____
