



7.5 REQUEST FOR VARIANCE (see Section 3.3)

The undersigned Applicant requests a variance from the requirements of the Guidelines Section(s): _____; and/or the requirements of the DCCA Covenants and Restrictions or By-Laws Article _____, Section _____; and/or the following described requirement(s) of recorded restrictive covenants or plat(s): _____ Other (describe): _____.

Description of Property:

Owner(s): _____
Tax Map No.: _____
Street Address: _____
Lot: _____

Requirements:

By the attached narrative the Applicant responds to each of the following requirements and states the reasons for this request:

1. a unique hardship described by the applicant exists preventing the design or construction of a residence and/or other improvement(s) on the subject property;
2. extraordinary and exceptional conditions described by the applicant exist preventing the design or construction of a residence and/or other improvement(s) on the subject property;
3. such hardship and conditions are peculiar to the particular piece of property; and
4. the requested relief, if granted
 - a. would not cause substantial detriment to the DeBordieu Colony community nor to owners of adjoining property
 - b. would not impair the intent of the ARB Rules, and
 - c. shall not constitute a precedent.

Notices:

The ARB Administrator shall notify in writing all owners of property adjoining the subject property owned by the applicant and all owners of property located within 200 feet of a boundary line of the subject property owned by the applicant. The notice shall briefly describe the variance requested and shall give each owner 10 business days notice to respond as being in favor of or opposed to the variance requested. The Applicant has furnished by separate page attached to this request. The ARB Administrator will verify the accuracy and completeness of the names and mailing addresses of all such owners.

The Applicant affirms that all statements made on this Application and all attachments are true and correct to the best of the Applicant's knowledge and belief.

Signature

Date

MAILING ADDRESS: _____

TELEPHONE: _____

CITY/ST/ZIP: _____