



Architectural Review Committee (ARC) Variance Request Form

*****In order for your request to be considered, ALL fields must be completed.*****

Applicant's Information

Property Owner's First & Last Name (if Builder/Developer, also include Company Name)		Lot # (if known)	Date
Property's Street Address		Subdivision	
Primary Phone Number	Email Address		

Variance Request

Please describe the variance that you request the ARC to consider. Please provide justification for the requested variance and any information that would be helpful to the committee for review (attach pictures, documents, or other information as needed):

Applicant's Signature

Please sign below before submitting this form:

Email this completed form to the ARC Manager at arc@villageshoa.org

Name (Print)	Signature	Date
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For Office Use ONLY

Form recorded and emailed to Applicant

ARC Notes:	Date Received	<input type="checkbox"/> Approved
	Date Reviewed	<input type="checkbox"/> Not Approved
Name (Print) & Title	Signature	Date
Name (Print) & Title	Signature	Date