



COPPER COVE ASSOCIATION

Application for Variance

Member Name: _____ Phone: _____

Property Address: _____ Lot #: _____

Description of variance request: _____

Reason for variance request: _____

Signature: _____ Date: _____

Architectural Control Committee Use Only

Stamp here

Date: _____ Job #: _____

Approval: Yes No

Chairperson Signature: _____

Comments: _____
