



Carriage Run Phase IV

ARCHITECTURAL VARIANCE FORM

Resident: _____

Street Address: _____ P. O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____

Approval is requested for (check applicable item and attach a detailed sketch):

_____ Screen Door

_____ Tree Planting

_____ Privacy Screen

_____ Patio Extension

_____ Skylight

_____ Other

_____ Ventilation Cap

Describe and provide all details pertaining to request:

(Signature of Resident Requesting Variance)

Email Address