

MOUNTAIN SHADOWS ASSOCIATION
VARIANCE REQUEST

LOT _____ DATE _____

OWNER(S) _____

STREET ADDRESS: _____

VARIANCE REQUEST:

_____ TREE CUTTING TOTAL NUMBER OF TREES _____

TYPE OF TREE _____

LOCATION ON LOT _____

REASON _____

_____ OTHER _____

_____ Parking Lot # _____ Times/Condition _____

OWNER SIGNATURE: _____

APPROVAL DATE: _____

BOARD MEMBER: _____

BOARD MEMBER: _____

NEIGHBOR/COMPLYING OWNER SIGNATURE _____

DATE _____

NOTES: