

TWVB – OAK CREST HOMEOWNERS' ASSOCIATION
VARIANCE FOR ARCHITECTURAL CONTROL GUIDELINES REQUEST

TO FULLY BE COMPLETED BY THE HOMEOWNER

Name: _____ Lot #: _____

Property Address: _____

Mailing Address: (if different) _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Fax: _____ Alternate Email: _____

Detailed Description of change (s):

TO BE COMPLETED BY THE HOA BOD and ARC

Received on: _____ Forwarded to ARC on: _____

() Approved () Disapproved () (Approved with condition) Date: _____

Comments:
