



Westchase Community Association, Inc.
10049 Parley Drive. Tampa, FL 33626

ATTENTION: VARIANCE COMMITTEE

DATE: _____

PRINT NAME _____

STREET ADDRESS _____

NEIGHBORHOOD _____

TELEPHONE (H) _____ (W) _____ (C) _____

By signing below, owner hereby acknowledges that he/she has read the variance procedures which can be found on our website at <http://westchasewca.com/documents-forms/>

SIGNATURE OF OWNER _____

I AM REQUESTING A VARIANCE FOR: _____

IS THE SUBJECT OF THIS APPLICATION ALREADY IN PLACE/COMPLETED?
____ YES ____ NO

HAS A MODIFICATION FORM BEEN SUBMITTED? ____ YES ____ NO

IF YES, STATUS/DISPOSITION: _____

HAVE YOU BEEN SITED FOR A VIOLATION AS A RESULT OF THE ITEM WHICH IS THE SUBJECT OF YOUR VARIANCE REQUEST? ____ YES ____ NO

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL BEST PRESENT YOUR REQUEST. **THE \$150 NON-REFUNDABLE APPLICATION FEE SHOULD BE MADE PAYABLE TO WESTCHASE COMMUNITY ASSOCIATION NO LATER THAN 10 DAYS OF DENIAL OF YOUR MODIFICATION REQUEST.**

ACTION OF VARIANCE COMMITTEE

_____**APPROVED CONTINGENT ON:**_____

_____**DENIED FOR THE FOLLOWING REASON:**_____

_____**DATE**_____

_____**DATE**_____