SUNRISE PALMS HOA ARCHITECTURAL VARIANCE REQUEST APPLICATION

SWAMP COOLERS

Please Print

Homeowner:	Phone #:
Sunrise Palms Address:	Unit #:
Homeowner's E-mail:	
Name of Installation Company:	
Installation Contractor's name:	
CA contractor's license #:	City of PS business license #:
Springs Building and Safety Department to at homeowner's expense. Upon completic	nce are required to check with the City of Palm o ascertain if a permit is required. Permit is obtained on of the work, homeowner must submit a copy of the HOA office. It is the responsibility of the individual o future buyers of the unit.
	n the master bedroom and installed low on the wall no higher than 21 inches from the ground. A red for installation.
Fees: A \$15 HOA inspection fee is t	to be remitted with this application.
Homeowner Signature:	Date:
Installer Signature:	Date:
RESERV	ED FOR HOA ONLY
Variance request approved by:	Date:
Final HOA inspection of installation by:	Date:
Final signed-off permit received at HOA by	v: Date: