

**PROTECTIVE COVENANTS  
CONDITIONAL VARIANCE REQUEST  
RV / Temporary Storage / Other**

This form is to be used for review and consideration of a request from a landowner for a variance from protective covenants.

**Complete the following:**

- Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_
- Email: \_\_\_\_\_ Cell: \_\_\_\_\_
- Street address of property: \_\_\_\_\_
- Property description: Unit \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Acres \_\_\_\_\_

Describe Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Protective Covenant # 1:** . . . All said lots shall be used only for single family residential purposes. No building shall be erected, altered, placed or permitted to remain on any lot other than one (1) single family dwelling . . . . . No dwelling shall be used except as a single family dwelling. . . .

**Protective Covenant # 5:** . . . .No structure of a temporary character, trailer, tent, shack or other similar structure shall be permitted on any lot at any time, either temporarily or permanently. No structure on any lot, other than a fully completed residence, shall be used as a residence.

**Protective Covenant # 6:** . . . .no unsightly objects or nuisances shall be erected, placed or permitted to remain on any lot; nor shall lots be used in any manner nor for any purpose which may endanger the health or unreasonably disturb the holder of any other lot.

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I/We have been made aware of and received a copy of the Fee/Lien Policy of the Tierra Grande Improvement Association related to the Protective Covenants and the enforcement authority of the Architectural Control Committee. \_\_\_\_\_ & \_\_\_\_\_ Date \_\_\_\_\_  
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**ARCHITECTURAL CONTROL**

Is this a case where adjoining homes/residents should be informed should a conditional variance be approved?

Yes / No - If yes:

Name: \_\_\_\_\_ Unit \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

By Email – attach a copy of the email OR By Phone – document date of contact: \_\_\_\_\_

Name: \_\_\_\_\_ Unit \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

By Email – attach a copy of the email OR By Phone – document date of contact: \_\_\_\_\_

**CONDITIONS OF ARCHITECTURAL CONTROL COMMITTEE**

For a period not to exceed 24 months from the date set out below – renewable every 6 months upon proof that the construction is progressing by providing a copy of the record of inspections on the Building Permit.

During the periods of construction per the Building Permit(s): \_\_\_\_\_  
A monthly fee of \$ \_\_\_\_\_ will be charged during the length of the variance to be prepaid in six (6) month increments upon approval of the applicable Conditional Variance.

**Nothing in this variance shall be construed to be a permanent variance.**

Start Date: \_\_\_\_\_ Date Termination: \_\_\_\_\_ # of Months: \_\_\_\_\_

Architectural Control Committee: Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reason(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====  
**APPLICANT/OWNER**

I/We agree to the conditions as described.

Owner(s) Signature \_\_\_\_\_ & \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_