



STEINER RANCH MASTER ASSOCIATION (SRMA) AND  
 STEINER RANCH RESIDENTIAL OWNERS ASSOCIATION (SRROA)  
 ARCHITECTURAL COMMITTEES  
VARIANCE REQUEST FORM

Applicant Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Contact Phone Numbers: \_\_\_\_\_

Requesting variance for the following address: \_\_\_\_\_

Reason for variance: \_\_\_\_\_

Justification for variance: \_\_\_\_\_

\_\_\_\_\_

Date by which variance is needed: \_\_\_\_\_

Please submit this form and all applicable documentation to justify the variance request. **You must explain why your request is unique and should be granted.**

\_\_\_\_\_  
 Applicant Name (Print)

\_\_\_\_\_  
 Signature of Applicant

VARIANCE IS:	<input type="checkbox"/> Granted	<input type="checkbox"/> Not Granted	DATE: _____
_____			
_____			
_____			
_____			
_____	_____	_____	
AC Representative	AC Representative	AC Representative	