

## **Request Permission for Variance of Common Element**

Co-Owner Name \_\_\_\_\_

Preferred contact method:

Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Unit Number \_\_\_\_\_

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

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Signature \_\_\_\_\_

Email to: [theoakscondos.hsb@gmail.com](mailto:theoakscondos.hsb@gmail.com)

Or

Mail to: The Oaks Condominiums

P.O. Box 8664

Horseshoe Bay

Board Approve: Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_