

**Angel Fire Environmental/Architectural Control Committee
Variance Request**

The Committee meets on the 2nd and 4th Tuesday of each month. This request must be submitted on or before noon on the preceding Friday.

Permit #: _____

Owners Name: _____ Date Submitted: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Lot Description: Subdivision: _____ Section/Block: _____ Lot Number: _____

Street Address: _____

General Contractor: _____ Company Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Business Phone: _____ License Number: _____

Variance Requested: _____

Reason for variance: _____

Property Owner's signature: _____ Date: _____

Contractor/Builder's signature: _____ Date: _____

Application approval (This will be filled out after the Committee approves your application):

Chairman's signature: _____ Date: _____

If the project is not completed as the approved application shows, this may result in the filing of a law suit and judgment on your property, creating a clouded-title.