

# THE CLOISTER AT ST. HENRY

## Request for Variance Modification Form (Buildings or Grounds)

Date: \_\_\_\_\_ Unit Owner: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

**SUMMARY OF MODIFICATION REQUESTED:** Minimum submission details MUST include a separate drawing providing location, dimensions, and materials. Additional in-depth details may be required for complex project analysis.

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### PROJECT MAINTENANCE RESPONSIBILITY AGREEMENT:

I understand I am responsible for all future maintenance of the modification. Maintenance may include but is not limited to repairs, painting, staining, weeding of flower beds, pruning or removal of shrubs and trees, broken glass, damaged screens, etc. I understand that should any problems develop as a direct or indirect cause of the modification to this unit, it is my responsibility to correct such problems without any cost to the Cloister Owners Association.

I further understand the responsibility of the maintenance of the modification to the unit will transfer to any future owner of the unit, and it is my responsibility to inform them of this agreement at the time of sale.

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>APPROVAL:</b>	
COA Board Designee (Print): _____	Date: _____
Board Member Signature: _____	Date: _____

# THE CLOISTER AT ST. HENRY

## Procedures/Guidelines for a variance modification (buildings or grounds)

1. Complete the Request for Modification form and submit to:  
Ghertner & Company  
The Cloister at St. Henry  
50 Vantage Way, Suite 100  
Nashville, TN 37228  
Email: [Valerie.williams@ghertner.com](mailto:Valerie.williams@ghertner.com)
2. Include supporting documentation for your request.
3. Drawing providing location, demensions & materials to be used.
4. Pictures, blueprints, plan(s) or brochures, if applicable.
5. If your request is for an architectural modification, the following will have to be provided to the Property Manager **PRIOR TO STARTING CONSTRUCTION**.
  - Certificate of insurance from your contractor naming The Cloister at St. Henry as an additional insured.
  - Copy of building permit.
  - Name, address & contact information for your contractor.
6. Your construction must be done with materials of like kind, quality and color as the existing structure and blend harmoniously with the complex to protect the appearance and property values of the homeowners.
7. No work or commitment for work will be made until written approval has been received from the Board of Directors or its authorized designee.
8. All work will be done expeditiously once commenced and will be done in a professional manner.
9. I assume all liability and associated responsibility for all damage and/or injury which may result from the performance of this work.
10. I will be responsible for the conduct of all persons, agents, contractors, and employees associated with this project.
11. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws, codes, regulations and requirements in connection with this project. I understand and agree that the Board of Directors for the Cloister at St. Henry, and its agent, have no responsibility with respect to such compliance, and the Board of Directors approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulation or government requirements.
12. If approved by the Board of Directors, the work would begin on or about \_\_\_\_\_ and be completed by \_\_\_\_\_.
13. I understand that any work not begun within 60 days of approval of this request is no longer approved and later construction will be subject to resubmission of the request to the Board of Directors for approval.

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_