



Stroh Ranch Community Association, Inc.
Parking Variance Request Form

Name: _____ Phone: _____
Address: _____ Email: _____

Vehicle Information:

Total number of vehicles for household: _____

It is important to provide information relating to **ALL** household vehicles for variance consideration.

Make: _____	Model: _____	License: _____
Make: _____	Model: _____	License: _____
Make: _____	Model: _____	License: _____
Make: _____	Model: _____	License: _____
Make: _____	Model: _____	License: _____
Make: _____	Model: _____	License: _____

Number of Parking spaces on lot: Garage Spaces: Driveway Spaces:

Is this vehicle a truck? YES NO

If YES, is this vehicle rated or referenced carrying capacity more than one ton? YES NO

Please provide a **DETAILED** explanation of why a variance is being requested (add additional sheets if necessary):

Variance time frame requested (up to six months): _____ To _____

Homeowner Signature: _____ Date: _____