

Date Received: _____

Date Returned: _____

Architectural Control Committee, P.O. Box 744, Buda, TX 78610
VARIANCE REQUEST
LEISUREWOODS, SECTION 4

Homeowner(s): _____

Address: _____

Contact Number: _____

Email Address: _____

Requested Variance needing Approval:

Homeowner acknowledges that a variance is “for the purpose of alleviating any hardships and assisting in the orderly development of the subdivision.

Homeowner acknowledges that he/she have been informed of the costs they will incur in regard to the requested variance. Payment is to be made to LPOA upon completion of the filing. The charges are as follows:

\$26 – Cost to file a 1-page variance with the Hays County Clerk’s Office
PLUS Additional charge for each additional page

Homeowner Date

Homeowner Date

The plans ___have or ___have not been approved.

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(512) 970-4216	(512) 295-4741	(512) 797-7997

A copy of your Deed Restrictions can be found at WWW. Leisurewoods.Org