

BANNING LEWIS RANCH METROPOLITAN DISTRICT NO. 1

FOR OFFICE USE ONLY

Date Received MSI _____
 Crucial Date _____
 Date Sent To Board _____
 Date Rcvd From Board _____
 CM _____
 Request# _____

Dog Variance Review Request
 MSI, LLC
 8610 Explorer Dr, Suite 130
 Colorado Springs, CO 80920-1058
 Phone: (719) 578-5610 ♦ Fax: (719) 578-5611

Name: _____
 Address: _____
 Work Phone: _____
 Cell Phone: _____
 Lot: _____

Home Phone: _____
 City/State/Zip: _____
 Email: _____
 Close of Sale Date: _____
 Block: _____

Fill in the blanks below with ALL of your pet information

NAME OF APPLICANT:					
ADDRESS WHERE PETS WILL BE HOUSED:					
NUMBER OF PETS FOR VARIANCE:					
PHONE NUMBER:					
PET NAME	PET BREED	PET AGE	PET SEX	RABIES # & DATE	OTHER

Describe Reasons for Request, if you are an owner or purchase of property. If purchasing property, date of closing and move-in:

I understand that I must receive approval of the District in order to proceed. I understand that District approval does not constitute approval of the local building department and that I may be required to obtain any/all applicable City/County permit(s). I understand that my variance must be granted prior to moving into the District. *I understand that the Committee has 60 days to review the request.*

Date: _____ Homeowner's Signature: _____

Board Action:

Approved per the following stipulations:

- 1) This Dog Variance Request is subject to revocation at any time based the dog behavior, neighbor complaints, feces removal or Board's discretion.
- 2) Should possession of any of the dog(s) be lost for any reason, you must adhere to the two-dog maximum.

Disapproved for the following reasons:

Completion required by: _____

Board Member Signature: _____ Date: _____

The above information was made available to the following neighbors for review:

Common Area or Back Yard – Rear of Residential Site

Impacted Neighbor Name: Address: Signature: _____ Date: _____	Impacted Neighbor Name: Address: Signature: _____ Date: _____
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Adjacent Neighbor Name: Address: Signature: _____ Date: _____	Adjacent Neighbor Name: Address: Signature: _____ Date: _____
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My neighbors have seen the Pet Information on the previous page that I am submitting for this Dog Variance Review Request. I, as the applicant, certify that I have requested that my neighbors sign this statement confirming notification. I understand neighbor objections do not cause denial of plans.

Submitted by:

Name: _____

Address: _____

Date: _____