



**Pathfinder Village-St. Croix Owners Association, Inc.
Variance Request Form**

Name: _____ Date of Request: _____

Address: _____
Street City State Zip

Addition _____ Block _____ Lot _____ Cul-de-Sac _____

Type of Variance Requested:

Well Variance 50 Amp Service Other: _____

Reasons for the request:

Owner's Signature _____ Date: _____

FOR OFFICE USE

Directions to meeting sent Yes No 50 Amp Service Fee Paid Yes No

Date request will be heard _____

Board of Directors action on the request: _____

