

STETSON HILLS MASTER HOA PARKING EXCEPTION PERMIT REQUEST FORM

Owner Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Please circle one answer to each question:

I reside at this address: YES NO

I use my garage for parking vehicles YES NO

Size of garage: Single Car Two Car Three Car Four Car

Number of vehicles I am requesting a street parking permit for _____

Please state the width of your driveway and the distance (in feet and inches) from the inside edge of sidewalk to your garage door: _____

I am requesting a parking exception permit for _____ days, (not to exceed 365 days or 12 months) beginning on the date signed.

I declare that there are more licensed drivers in my home than there are available or useable parking spaces in both my garage and driveway.

I further assert that all of my garage spaces are being utilized for licensed vehicles defined as a car, SUV, pick-up truck, van, motorcycle and/or other type of motorized recreational vehicle. Below, I have provided the make, model, color, year, and license number of all vehicles currently at my residence.

I believe all the information provided herein to be true & correct to the best of my knowledge.

Further, I agree to notify the HOA Board of any changes to my parking situation within 10 days and acknowledge that if I do not, I may be subject to my parking permit being revoked and/or the possibility of covenant violation fines.

Signed: _____ Date: _____

Printed Name: _____

Please provide a brief statement that helps the board understand the reason for your request:

VEHICLES: Please list ALL vehicles to be parked at the premises, to include driveway, garage, and on street:

Vehicle #1:

MAKE, MODEL & YEAR: _____

LICENSE NUMBER: _____

Please indicate if the driver of the vehicle above is a (circle all that apply):

Homeowner Family Member Tenant Guest

Vehicle #2:

MAKE, MODEL & YEAR: _____

LICENSE NUMBER: _____

Please indicate if the driver of the vehicle above is a (circle all that apply):

Homeowner Family Member Tenant Guest

Vehicle #3:

MAKE, MODEL & YEAR: _____

LICENSE NUMBER: _____

Please indicate if the driver of the vehicle above is a (circle all that apply):

Homeowner Family Member Tenant Guest

Vehicle #4:

MAKE, MODEL & YEAR: _____

LICENSE NUMBER: _____

Please indicate if the driver of the vehicle above is a (circle all that apply):

Homeowner Family Member Tenant Guest

Vehicle #5:

MAKE, MODEL & YEAR: _____

LICENSE NUMBER: _____

Please indicate if the driver of the vehicle above is a (circle all that apply):

Homeowner Family Member Tenant Guest

Vehicle #6:

MAKE, MODEL & YEAR: _____

LICENSE NUMBER: _____

Please indicate if the driver of the vehicle above is a (circle all that apply):

Homeowner Family Member Tenant Guest

Submit via mail to Diversified at 4325 N Nevada Ave., Ste. 100, COS, CO 80907 or 719-578-9140 or lindsayz@diversifiedprop.com