

STETSON HILLS MASTER HOA PARKING EXCEPTION PERMIT REQUEST FORM

Owner Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Email: _____

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 and length (in feet and inches) of your driveway. The length is the distance from the inside edge of the sidewalk to the front of the 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 understand this is a temporary permit. I understand this permit does not allow me to store unused or inoperative vehicles on the street.**

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 **and justification** 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