

**MYRTLE TRACE CONDOMINIUM ASSOCIATION**

*A Corporation not-for-profit*

C/O Sunstate Association Management Group

www.brian@sunstatemanagement.com

200 Capri Isles Blvd.-Suite 2, Venice, FL 34292

(941)870-3375 ~ Fax: (941) 870-9652

**VARIANCE REQUEST FOR A GUIDE DOG OR SERVICE DOG**

Name of person requesting the variance \_\_\_\_\_

I have a qualified disability or handicap and request a variance for a guide dog or service dog that exceeds the 25 pound weight restriction imposed by the Myrtle Trace Condominium Association Declaration of Condominium.

I am (check one only):  the current unit owner  
 applying to purchase this unit  
 applying to rent this unit  
 a guest for unknown timeframe

Myrtle Trace address \_\_\_\_\_ Unit number \_\_\_\_\_

Current mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current home phone # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Owner of this unit (if different from the above) \_\_\_\_\_

All of the following information **must be attached** to this variance request at the time it is submitted:

- A statement from a licensed physician that confirms the guide dog or service dog owner requires accommodation for a handicap within the meaning of the Fair Housing Act.
- A statement from a licensed physician confirming that the guide dog or service dog is an accommodation for its owner’s handicap.
- A statement from the guide dog’s or service dog’s veterinarian or a copy of the dog’s medical records that states that the animal is current in all its normal vaccinations, its current age, weight and breed.

\_\_\_\_\_  
Signature of person requesting this variance

\_\_\_\_\_  
Date

PLEASE SUBMIT THIS VARIANCE REQUEST TO:

Sunstate Association Management Group  
www.brian@sunstatemanagement.com  
200 Capri Isles Blvd.-Suite 2, Venice, FL 34292  
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**MYRTLE TRACE CONDOMINIUM ASSOCIATION**  
**213 Southampton Lane**  
**Venice, Florida 34293**

**ACTION OF BOARD OF DIRECTORS:**

Date \_\_\_\_\_

The Myrtle Trace Condominium Association Board of Directors:

\_\_\_\_\_ Approves

\_\_\_\_\_ Disapproves

this variance request for a guide dog or service dog whose full-grown weight exceeds 25 pound weight restriction of the Association.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Title

NOTE: A copy of this Board Action will be sent to the applicant requesting this variance.