## BELMONT AT TRIPLE CROWN HOMEOWNERS' ASSOCIATION, INC. APPLICATION FOR DESIGN REVIEW

## **EACH REQUEST REQUIRES ITS OWN APPLICATION**

All applications for changes to the exterior of your residence must be submitted to the Belmont at Triple Crown Homeowners' Association, Inc.'s Architectural Design Review Committee/Board of Directors. The Association's Covenants, Conditions and Restrictions (CC&Rs) require that a homeowner obtain the prior written approval for any structural change, alteration or addition to a property within the community.

Please note that approved applications must be completed in a timely manner. A project completion date is required on the Application. If additional time is required for you to finish your project, an extension request is listed on the second page of these forms.

## To comply with the CC&Rs, please submit this application with all the required attachments to:

Belmont at Triple Crown Homeowners' Association, Inc.

c/o Vision Community Management 16625 S Desert Foothills Pkwy • Phoenix, AZ 85048

Phone: (480) 759-4945 • Fax: (480) 759-8683

Email: BelmontTripleCrown@WeAreVision.com • Website: www.WeAreVision.com

If you have not received any form of communication from the Committee or the Association after(60) days, please call Vision Community Management for an update.

Homeowner's Name:			
Homeowner's Mailing Address:			
City:			
Property Address:			
	Email:		
The undersigned hereby submits the Board of Directors of Belmor approval of the following item(s):  Painting of Residence - Scher	nt at Triple Crown H	omeowners' Ass	ociation, Inc. for review and
Body:	Trim:	Ac	cents:
Pop-Outs:	_Garage:	rage: Front Door:	
Other:			
Installation of Landscaping	Revamping of landscaping		
Addition of:			to/on the residence (building)
Addition of:		1	to/on the lot (property/land)
Installation of a pool/spa			
Other (please specify):			

## BELMONT AT TRIPLE CROWN HOMEOWNERS' ASSOCIATION, INC. APPLICATION FOR DESIGN REVIEW PAGE TWO

Attached please find plans and/or specifications of thappropriate):	ne above marked items for application, which includes (if
Dimensions (height, width, length)	Sample of color(s) to be used
Drawings	Plant type and location
Samples or descriptions of materials to be used	Type of material
Photographs or sample elevations for a visual p	icture of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	<u> </u>
disapprove the Application and return it to me with a si	eve any questions. I understand that should the application disapproval, the Architectural Committee or Board will tatement for the disapproval. The owner agrees to comply to obtain all necessary permits. This application and the
COMPLETION DATE EXTENSIONS are available if re	equired. If this application is requesting an extension what
is that date:	
Homeowner's Signature	Date:
Belmont at Triple Crown Homeowners' Assorbir  Approves the above application	ATION USE ONLY ciation, Inc. Architectural Committee or Board of rectors  ag conditions:
Disapproves the above application for the follow	ving reason(s):
Signature:	Date: