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:			
			Lot #:
Property Address:			
	Email:		
The undersigned hereby submits the Board of Directors of Belmo approval of the following item(s): Painting of Residence - Schel	nt at Triple Crown F	Homeowners' Asso	ociation, Inc. for review and
Body:	Trim:	Acc	cents:
Pop-Outs:	Garage:		ront Door:
Other:			
Installation of Landscaping	ng Revamping of landscaping		
Addition of:		t	o/on the residence (building)
Addition of:		t	o/on the lot (property/land)
Installation of a pool/spa			
Other (please specify):			

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Attached please find plans and/or specifications of appropriate):	the 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 use	ed Type of material
Photographs or sample elevations for a visual	picture of the proposed project
Person doing installation/work:	
Licensed contractor: Yes No	
Expected completion date:	
not be complete in order to determine approval of disapprove the Application and return it to me with a with all applicable City, County, and State laws and drawing will be retained for the Association's records	nave any questions. I understand that should the application or disapproval, the Architectural Committee or Board will statement for the disapproval. The owner agrees to comply d to obtain all necessary permits. This application and the s. Trequired. If this application is requesting an extension what
is that date:	
Homeowner's Signature	Date:
Belmont at Triple Crown Homeowners' Asse	ATION USE ONLY ociation, Inc. Architectural Committee or Board of irectors
Approves the above application	
Disapproves the above application for the follo	wing reason(s):
Signature:	Date: