

# TRADITIONS HOMEOWNERS ASSOCIATION ARCHITECTURAL COMMITTEE PERMIT APPLICATION

Application for approval of exterior structures and modifications to maintain the Subdivision's design and aesthetic standards.

## APPLICANT INFORMATION

Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Lot #: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_

City of Belton Permit Number (if applicable): \_\_\_\_\_

## CONTRACTOR INFORMATION (IF APPLICABLE)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO EXPEDITE YOUR PROPOSAL, PLEASE SUBMIT IN-DEPTH INFORMATION ON A SEPARATE SHEET INCLUDING:**

- ① **STATE THE TYPE OF IMPROVEMENT:** Include detailed descriptions, construction plans, photos, color swatches, plant types, brochures, etc.
- ② **ENCLOSE A COPY OF YOUR PLOT PLAN:** Showing the location of the proposed improvement/alteration. (Obtained from City Hall or original home closing documents.)

## SPECIFIC IMPROVEMENT GUIDELINES

Please refer to the Rules and Regulations for specific guidelines per improvement.

## OWNER AGREEMENT

**By signing below, I acknowledge and agree that:**

- I hereby agree to abide by the bylaws & restrictions adopted by the Board and the Architectural Committee.
- I agree that upon approval I will follow my application without modification as approved and that the information provided is accurate.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**COMPLETED APPLICATIONS SHOULD BE SCANNED (FRONT AND BACK) AND SUBMITTED TO  
ARCHCOMMITTEE.TRADITIONSHOA@GMAIL.COM**

FOR QUESTIONS, PLEASE CONTACT THE ARCHITECTURAL COMMITTEE OR THE BOARD. INCOMPLETE PERMIT APPLICATIONS WILL NOT BE PROCESSED AND MAY CAUSE DELAYS IN REVIEW AND RESPONSE.

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## REVIEW AND OFFICE ADMINISTRATION

<b>FOR OFFICE USE ONLY</b>	Neighbors Notified (Yes/No): _____
Neighbors Notified (Lot #): _____	Violation Issued (Date): _____
Staff Name: _____	Date: _____

## ARCHITECTURAL COMMITTEE REVIEW DETERMINATION

**Your application request was approved (as written) on:** \_\_\_\_\_  
Date

_____ Signature of Architectural Committee Chair/Member	_____ Printed Name	_____ Date
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**Your application request was not approved because of the following:**

### Required Modifications for Resubmission (if applicable)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Additional Comments:

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