

BELMONT HOMEOWNERS ASSOCIATION
434 MARION AVE
SPARTANBURG, SC 29306
864-585-0835

HOMEOWNER: _____
DATE: _____
STREET ADDRESS: _____
PHONE NUMBER: _____

TYPE OF REQUEST:

_____ Fence Building _____ Other _____

DESCRIPTION OF REQUEST:

CONTRACTOR: _____ PHONE: _____

Remit picture or detailed drawing with this request. If this is a fence request & you plan to stain it, remit your stain color as well.

APPROVED: _____ DATE: _____

DENIED: _____ DATE: _____

NOTES REGARDING APPROVAL/DENIAL:

FENCE REQUESTS: After fencing materials are approved, Homeowners must place four flags at the proposed fence corners and the Board must approve the site location BEFORE any installation begins.

Belmont Homeowners Association
Request For Use of the Cabana for a Party

Request Date: _____

Date of Use: _____

Hours Wanted: _____ AM/PM to _____ AM/PM

Resident Name: _____

Address: _____

Conditions:

1. There will be a \$25.00 fee for the use of the cabana.
2. This fee will be refunded if the area is cleaned and swept after use.
3. The number of guests is limited to 15.
4. A limit of 2 hours should be adhered to.
5. Reservation of the cabana area does Not include reservation of the pool.

I accept these conditions _____

Resident Signature

Signed by a pool committee member _____

VIOLATION SHEET FOR BELMONT RESTRICTION

(Per Belmont Covenants and Restrictions)

DATE: _____

NATURE OF VIOLATION:

ADDRESS OF VIOLATION:

CONTACT NAME OF REQUESTOR, ADDRESS, TELEPHONE NUMBER AND/OR EMAIL ADDRESS:

Please forward to Roland MANAGEMENT:

Vincent@rentals by rmi.com

BELMONT NEIGHBORHOOD CONTACT INFORMATION

Name: _____

Address: _____

Email: _____

Phone Number: _____

Preferred way to contact: _____

Questions: _____

I have received a copy of the Belmont HOA Covenants.

Signature

Date