

Traditions Homeowners Association Inc.

Architectural Committee

GENERAL **PAINT** FORM-PAINT Only

This form must be completed by the homeowner and approved by the Architectural Committee **BEFORE** any work commences. Please refer to your Declaration of Covenants & Restrictions for a description of the Architectural Committee and its purpose.

Homeowner's Name: _____ Phone # (____) _____ - _____
Street #: _____ Street Name: _____ Zip code: _____
Mailing Address (if different than above): _____

*I agree that I will be responsible for upkeep, maintenance and future repair of changes that I am making. I further agree that all painting will be done **within 90 days of approval** or I will re-submit to the Architectural Committee again.*

Homeowner's Signature: _____ Form Completion Date: _____

1. **ANTICIPATED START DATE:** ____ / ____ / ____

2. **ANTICIPATED COMPLETION DATE:** ____ / ____ / ____

3. **PAINT TYPE:**

- A. What type of paint are you going to use? **Flat** **Satin** (Please circle one)
- B. If you are painting your home the existing color, are color chips attached? **Yes** (Please circle yes)*
- C. In order for the Architectural Committee to review your submittal, did you attach color chips for all areas that you intend to paint?-Trim, Doors, Garage Door and Body **Yes** (Please circle yes)*

4. **SPECIFIC COLORS:**

- 1. Body Color Name: _____ Mfgr. Paint Code: _____ Brand Paint: _____
- 2. Garage Door Color Name: _____ Mfgr. Paint Code: _____ Brand Paint: _____
- 3. Front Door Color Name: _____ Mfgr. Paint Code: _____ Brand Paint: _____
- 4. Trim Color Name: _____ Mfgr. Paint Code: _____ Brand Paint: _____

***PAINT CHIPS MUST BE ATTACHED TO THE BACK OF THIS FORM.** Even if you are not painting a surface, a chip **MUST** be included so that the Architectural Committee can see the relationship of all colors.

<p><u>Please forward submittal to this address only:</u> SWP Management AC Submittal P.O. Box 7 Gotha, FL 34734</p> <p>Date APPROVED by AC ____ / ____ / ____</p> <p>Initialed ____ Initialed ____ Initialed ____</p>	<p>Architectural Committee- To help a homeowner better understand conditions or reasons for a denial, please be very specific.</p> <p>Date DENIED by ARC ____ / ____ / ____</p> <p>Initialed ____ Initialed ____</p> <p>Initialed ____</p>	<p>Mgmt. Company Rec'd Stamp</p>
<p>Date approved w/conditions by AC ____ / ____ / ____</p> <p>Initialed ____ Initialed ____ Initialed ____</p> <p>Conditions: _____ _____ _____</p>	<p>Reason (s): _____ _____ _____ _____ _____</p>	<p>ARC Rec'd Stamp</p>

This form should be mailed only to: **SWP Management-PO Box 7-Gotha, FL 34734**