

TRI-COUNTY POINT PROPERTY OWNERS ASSOCIATION

**14 County Road 480, Palacios, Texas 77465
Tel. No. 361-972-3998 * Fax No. 361-972-0309
Email: tricounty@outlook.com**

Application for Improvement/Addition to existing Structure

Return application by **CERTIFIED MAIL WITH RETURN RECEIPT** to the address above OR **HAND DELIVER** to the Tri-County Point POA office with application fees.

Property Owner Name (s): _____

Property Owner Phone #: _____

Property Owner Address: Section: _____ Block: _____ Lot: _____ 911 Address: _____

Briefly describe the improvements to be made and attach detailed plans and specifications, a plat plan and a list of materials, including samples of paint, siding and/or brick color(s): _____

Who will perform the work? _____ Contact # _____

Pursuant to **Article VIII, Section 5** of the Association’s By-Laws, the rights and authority of the Control Committee (the “Committee”) are vested in the Board of Directors of the Association (the “Board”).

It is required by the Deed Restrictions that any homeowner considering improvements to their property must make application to the Board for approval.

Relative to any application submitted to the Board, the Lot Owner(s) shall be required to make advance payment to the Association for a non-refundable administrative fee to offset the Association’s costs of reviewing the application and accompanying plans and specifications submitted, regardless of whether any such application is approved or denied/disapproved.

- *I understand that Tri-County Point Property Owners Association’s Board of Directors requires three signatures for improvement applications and will act upon this request as soon as possible. However, the approval can take up to 21 days.*
- *I agree not to begin improvements until I pick up my permit and post permit in my yard.*
- *I understand that all work must be completed within 180 day’s from the approval date, unless otherwise stated.*
- *I have been offered a copy of the Utility’s Texas Water Commission approved Tariff, given the water & sewer agreement and agrees to pay the rates in the Tariff and abide by the requirements in this application.*

Applicant’s Signature: _____ Date: _____

Office Use Only

Date Received: _____ Initials: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Pictures of requested improvement(s) | <input type="checkbox"/> Permit Plat |
| <input type="checkbox"/> Application fee | <input type="checkbox"/> Approval from Jackson County | <input type="checkbox"/> Current with all POA fees and dues |

Reason: _____

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> \$50.00 Application Fee Paid | <input type="checkbox"/> Current with the POA | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Incomplete |
|---|---|--|--|--|

Board of Directors Signature: _____ Date: _____

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