

Chapter
9

TROON FORMS

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TROON COMMUNITY CENTER RENTAL REQUEST

Unit Owner/Resident Name _____ Phone Number _____

Unit Owner/Resident Address _____ Event Date _____

Event Hours (from/to) _____ Approximate Number of Guests (Limit 55) _____

Two separate checks: \$100.00 (rental fee) \$100.00 (refundable damage/cleaning fee)

Type of Event _____

The Community Center belongs to the residents of Troon. Residents must agree to certain rules and conditions prior to renting the center for private entertaining. Read the rules below, then sign and date the form indicating that you agree to all conditions. At the end of your event fill out the attached Event Checklist and provide your signature and date.

1. The resident reserving the Community Center room must be present at the event and is responsible for the actions of his/her guests while using the facility.
2. It is the responsibility of the resident reserving the Community Center room to return the facilities to a condition at least as good as it was prior to the event. The facilities will be inspected by a Troon agent and if cleaning or repair is required after you vacate the building the cost will be deducted from the damage deposit. (See attached Event Checklist for inspection list.) Damage fee will be refunded if facility is in good condition.
3. The rental includes the Great Room, Sitting Room, and restrooms only. **The pool, library and exercise rooms are off-limits to guests. Under no conditions should the gate to the pool be unlocked.** Children must not be allowed outside the Community Center without proper adult supervision.
4. Guests must wear proper attire and respect the privileges of other Troon residents. Parties and events must be scheduled between the hours of 9:00 am and 11:00 pm. Noise levels should be reasonable.
5. To conserve heating and air conditioning all outside doors must be kept closed except for wheelchair access, delivery of food, removal of food/gifts, etc.
6. Decorations may not be nailed, tacked or taped to any painted surface. Confetti may not be used.
7. The resident reserving the Community Center must supervise guest parking, limiting it to the designated guest parking spaces.
8. If the fireplace in the Great Room is used, the Unit Owner/resident is responsible for its use, and is liable for any smoke or fire damage. The fireplace gas must always be turned off prior to leaving the facility.
9. Neither the Council of Co-Owners nor the management company is responsible for injuries to Unit Owners, residents, or guests while using any area of the Community Center. The Unit Owner/resident renting the community center is liable for any and all damage and injuries.
10. The appropriate fee and damage deposit must be paid and this agreement must be signed before the date will be reserved for the event. All information requested at the top of this form must be filled out completely prior to submission.
11. Reservations should be made two weeks in advance, if possible; reservations may not be made more than 4 months in advance. Rental is not available on New Year's Eve/Day, Super Bowl Sunday, Easter, Derby Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Eve/Day.

*****THE COMMUNITY CENTER MAY NOT BE RENTED IF MAINTENANCE FEES ARE IN ARREARS*****

Signature of Resident _____ Date _____

Signature of Approving Authority _____ Date _____

TROON COMMUNITY CENTER EVENT CHECKLIST

Before vacating the premises, you must complete the following checklist. Place a check mark for each completed task. Sign and date this form and leave it on the counter in the kitchen area.

- ☐ **No liquids** are to be placed in garbage bags. Empty in sink before disposing of container.
- ☐ All trash (Outside and Inside) has been picked up; trash has been placed in plastic bags and placed in the garbage bin outside the door of the kitchen closet.
- ☐ Remove cigarette butts left around designated smoking areas outside the building.
- ☐ All carpets have been vacuumed. Any stains in the carpet have been removed.
- ☐ Tile floors have been swept.
- ☐ All decorations have been removed. Any marks or scuffs on surfaces, walls and woodwork have been removed.
- ☐ Furniture has been placed back in original position. Any stains on upholstered furniture have been removed.
- ☐ Restrooms have been checked and cleaned. Trash bags have been removed & replaced, trash bags have been put in trash can in kitchen closet.
- ☐ Kitchen counters, refrigerator / freezer, microwave and coffee maker have been cleaned.
- ☐ Towels, dishcloths and any dirty linens have been cleaned and returned to clubhouse.
- ☐ All glass surfaces have been cleaned.
- ☐ Ceiling fans and all lights have been turned off.
- ☐ If used, the fireplace gas logs have been turned off and the glass doors closed.
- ☐ All doors to the Community Center have been locked.

Signature of Resident _____

Date _____

Revised February 2024

TROON HOMEOWNERS ASSOCIATION, INC.**Application for Exterior Modification and/or Landscaping**

Name _____ Address _____

Home Phone _____ Cell Phone _____ Email _____

A. Description of your proposed project. Include specific details (If landscaping, include name of tree/shrub(s).

If building project include dimensions, materials, etc.)

B. Work to be completed by self ____ or by contractor ____ Contractor Name _____

C. If appropriate, attach a copy of the plan with your application.

D. Timeframe for project _____.

E. Read the following and sign/date at bottom to indicate that you fully understand and agree with the provisions of this application.

- No work on the modifications included in this application will commence until I receive written approval from the Troon Homeowners Association. To do so is a violation of the Troon Master Deed and may result in my being required to remove any or all of the modifications, should they not be approved, and restore my property to its original condition at my own expense. I understand I may be held responsible for all legal fees incurred by the Association in enforcing the provisions of the Master Deed.
- The approval of this application is not based on any structural integrity. I agree to comply with any and all applicable Jefferson County zoning and building codes as required. I will contact Jefferson County

Code Enforcement for information on any necessary permits and inspections. The approval of this project satisfies only the requirements of the Troon Homeowners Association.

- Any approval is contingent upon the modifications being completed as depicted in the original and modified application packages and no deviations may be undertaken without approval of the Troon Homeowners Association.
- Any disturbed common area must be restored to the satisfaction of the Troon Homeowners Association within ten (10) days of written notice to me. If not restored, the Association will restore all disturbed areas and assess the cost, plus administrative charges to me.
- I am responsible, at my sole cost and expense, for any and all damage, maintenance, repair, or upkeep, now and in the future, related to the modification(s) listed herein, whether it be on the interior or exterior of my unit. This responsibility shall transfer to a new owner in the event this unit is sold, or title is transferred to another party. The Troon Homeowners Association is released from any responsibility regarding problems related to this modification.
- I agree to disclose the conditions of this modification to any prospective new owner. This application will not be processed for any resident who is in arrears for any dues or fees owed to Troon Homeowners Association.

F. Signature of Owner _____ Date _____

Return this original form to the Troon Homeowners Association c/o Mulloy
Properties
P.O. Box 436989
Louisville, KY 40253

Contact Mulloy Properties for questions at (502) 498-2410, FAX (502) 498-2422

For use by Troon Homeowners Association

Date Application Received _____ Approved _____ Denied _____ Notification Date _____

Comments or reason for denial:



WAIVER FOR WATERING GRASS DURING HOMEOWNERS ABSENCE

Your Name _____

Address _____

Phone During Absence _____

I give _____ permission to use my
Name of Resident or Designated Person
 outside faucet to water plants, grass and/or shrubs at the
 address shown above. I do not hold the Troon Homeowners
 Association, nor the resident/designated person shown above,
 responsible for any damage, including pipe breakage or leaks.

Resident Owner Print Name _____

Resident Owner Signature _____

Date Signed _____

Return signed waiver to a current THOA board member prior

Revisions: 8/30/18; 2/7/18; February 2013, February 2024 (CC checklist)
to initiation of request.