

SAMPLE ASSOCIATION - APPLICATION FOR LANDSCAPE REVIEW

(If submitting an Artificial Turf Application see attached Guidelines and Checklist)

NAME _____ SUBDIVISION _____

PROPERTY ADDRESS _____ LOT# _____

MAILING ADDRESS (if different) _____

CONTACT/PHONE NUMBER _____ E-MAIL ADDRESS _____

Applicant agrees and understands that the application does not fulfill all of the requirements for an approval. **In addition to this completed "Application for Landscape Review", the applicant must submit three (3) sets of plans and specifications showing the nature, kind, shape, height, materials and locations of the proposed landscape alteration.** It is understood by the applicant that the submission must be in writing. Additional information may be required as deemed necessary to make a decision. Until all information is submitted, the application will be deemed to be incomplete, and the application will stand unapproved.

Applicant agrees and understands that, in the event the modification is approved. "Special conditions" of construction and maintenance on the approved work may be imposed. Any special conditions shall be attached, and be a part of the approval. **Any deviation from the approved plans specifications or special conditions shall cause the permit to terminate and become null and void.**

Applicant understands that all necessary permits and approvals from municipalities or other jurisdictions are the sole responsibility of the applicant, and that approval of this application is subject to the applicant receiving all such necessary permits and approvals.

DESCRIPTION OF PROPOSED PLAN OR MODIFICATION:

Please note: California State Law requires that any contractor performing \$500 worth of work or more (including materials and labor) must be licensed by CSLB to work in California. Please include your contractor's information below.

Contractor Name: _____ Phone Number: _____ License # _____

Anticipated construction completion date: _____ (Approval will be void one year from the date of Approval letter)

SIGNATURE _____ DATE _____

TO BE COMPLETED BY MANAGEMENT	Application # _____
Plans:	
Date Received: _____	Date Submitted to Committee for Review: _____
Date Approval Sent to Owner: _____	
Conditions: _____	

Notification to Management of Completed Construction (other improvements): _____	
Committee Member Assigned to: _____	
Inspection Date: _____	
Comments: _____	
Approved: _____ (Initialed by Committee Member)	

Submit Application to:

SAMPLE