## Landscaping Submission/Application Form C.O.P. Condominium Association ("HOA")

Owner (Applicant):
Property Address:
Proposed Project Start Date: / /
Proposed Project End Date: / /
Owner Contact information:
Phone
Mailing Address (if different from above): Zip:
Email Address:
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Request Type:
() Remove Tree (Owner Responsibility)
() Remove Boulevard Tree
(See "Trees in the COP HOA" for the association policy in the Grounds
Committee Info tab on the COPCONDO.ORG)  () Tree Maintenance, including Citrus (Add or Delete funded by Owner)
() Remove Shrub (Owner Responsibility)
() Replace Shrub (Owner Responsibility)
() Add Shrub (Owner Responsibility)
() Shrub and/or Tree Maintenance (Add, Replace, or Delete)
These requests will be funded by HOA budget.
() Other

Description of and reason for request (\*\*Required\*\*):

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				NATIONAL PROPERTY OF THE PROPE
				POPENS AND THE RESERVE OF THE SECOND
		Medical Control of School State Control of the Cont		
Please make sı	ure you have atta	ched/include	d all the following inf	ormation:
( ) This Submis Certification)	ssion Form (inclu	ding the Own	er signature below th	ie
( ) A description of the requeste		including typ	e of shrub or tree and	d location
Owner Acknow	ledgements: I/N	No undorstan	d that.	

- No shrub planting or removal may commence until I have received the approval of the Grounds Committee.
- No tree planting or removal may commence until I receive the approval of the Grounds Committee and the Board of Directors.
- Any variation from the original application requires re-submission for approval.
- If approved, the plants must be maintained in accordance with applicable documents of the HOA.

## **Certification:**

- I certify that the above information accurately represents the proposed work will conform to applicable codes, covenants, and standards.
- I certify that the improvements will be completed in accordance with the approved application and in a timely fashion.

- I understand that no part of the request may begin until approval has been received from the Grounds Committee and if required the Board of Directors.
- I give permission for the Grounds Committee to enter my property to make inspections as the committee members may reasonably deem necessary before, during, and after the work.

Owner/Applicant Signature:		
Date:/	14 x	
Co-Owner/Applicant Signature	0	
Date:/		

Please provide your completed application with accompanying documentation to a member of the Grounds Committee.

Below This Line For Committee Use Only:
Date Submission Received from Owner://
Committee Pre-Approval/Denial Date(s):/
Upon consideration by the Grounds Committee, the foregoing application was:
APPROVED APPROVED W/CONDITIONS DENIED  DENIED FOR INSUFFICIENT INFORMATION  (Circle one of the four above)
Committee comments (and conditions if any):
Date of above-referenced Grounds Committee decision:/
Signed:
(Signature of Grounds Control Committee
Member)
Board Approval Date://
-or-
Board Denial Date:/
Date Board Response Provided to Applicant://

Version One (October 2022)