



Townhouse Association

1 Perralena Lane Hot Springs Village, AR 71909
Phone (501) 922-1375 Fax (501) 915-9347 Email Address hsv.tha@sbcglobal.net

LANDSCAPING APPLICATION ON LIMITED COMMON PROPERTY

Work must be completed within 90 days from date of approval. Extensions must be approved by Association.

Owner _____ Address _____

Telephone # _____ Lot _____ Block _____ Court _____

Townhouse Address _____

Landscaping Location: _____

Scope of Work: _____

DETAILED DRAWING OF PROPOSED LANDSCAPING MUST BE ATTACHED TO APPLICATION!

1. I certify that the above, together with attached plans and specifications, constitute a true description of the proposed landscaping and the location of the site of all items of construction will be in accordance with these documents.
2. I further certify that it will be my sole responsibility to take care of and maintain this area.
3. I understand if I do not maintain this area the HSV Townhouse Association will remove the above from limited common property and I will be responsible for any expenses incurred by the HSV Townhouse Association.

Owner's Signature X _____ Date _____

NOTE: This application must be signed by owner

Contractor _____ Address _____

Telephone _____ Cell Phone _____

Contractor's Signature X _____ Date _____

NOTE: This application must be signed by contractor

HSV TOWNHOUSE ASSOCIATION (OFFICE USE ONLY)

We have reviewed the attached application for the proposed landscaping to be done on HSVTHA limited common property and our decision is as follows:

_____ The application is approved and will be forwarded to the HSVPOA Architectural Control committee for final determination.

_____ Additional Conditions: _____

_____ The application has been denied because: _____

_____ If the applicant wishes to revise plans to conform to the above, this may be resubmitted.

HSV Townhouse Association (approves _____ declines _____) this application as submitted. The HSV Townhouse Association submits this application for POA approval provided it meets all HSVPOA ACC specifications and guidelines. IF APPLICABLE.

X _____ Date _____

Representative Signature (Required)

Board Approved 9/6/07