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## 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  \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This application must be signed by owner**

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contractor's Signature  \_\_\_\_\_ 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.**

\_\_\_\_\_ Date \_\_\_\_\_  
**Representative Signature (Required)**

Board Approved 9/6/07