Kingswood Conservation Area Action Request Form

| Date | |
|-----------------|--|
| Homeowners name | |
| Street address | |
| Phone | |

| Is proposed work within the 2ft transition zone? | □ Y | Ν |
|---|----------|---|
| Is proposed work behind 2ft transition zone? | \Box Y | Ν |
| Do you have a current copy of the conservation covenants? | \Box Y | Ν |

WORK TO BE PERFORMED

Provide description of proposed activity including general location, species, and quantity of plant material to be planted and/or location and species of invasive plants to be removed and method of removal (Plat of Survey and landscape plan may be required to evaluate the proposal). Include an Estimated time table for work to be performed, Proposed addition, Proposed removal, and Other related information.

| Will work be done by property owner? | \Box Y | | Ν |
|---|----------|--|---|
| Will work be done by consultant/contractor? | \Box Y | | Ν |
| If yes, provide name, address, and phone number of consultant/contractor: | | | |

| Name | |
|---------|--|
| Address | |
| Phone | |

All work shall comply with Conservation Area Guidelines (St. Charles Municipal Code, Chapter 8, Section 8.30.050) and approved in writing by the Kingswood Homeowners Association (KHOA) prior to any modification of the Conservation Area. Guidelines are available from the <u>KHOA website</u>: www.khoa.org. The property owner is responsible for providing the Guidelines to persons performing any work described above. Unauthorized activity within this natural area will be restored in accordance with the Conservation Covenant and Guidelines. *Homeowners are responsible to locate survey pins delineating Conservation Area boundaries prior to any activity in the Conservation Area.*

 \Box I agree \Box I disagree with the above statement

| Homeowner signature: | | | | | | |
|-------------------------|------------|------------|--|--|--|--|
| | · | | | | | |
| City of St Charles* | □ Approved | □ Rejected | | | | |
| Signature: | | Date: | | | | |
| Printed name and Title: | | | | | | |
| *If applicable | | | | | | |
| KHOA | □ Approved | □ Rejected | | | | |
| Signature: | | Date: | | | | |
| Printed name and Title: | | | | | | |