

Clear Hills Condominium HOA  
LANDSCAPE COMMITTEE  
Submittal Request Form

Date: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone/e-mail: \_\_\_\_\_

Changes Requested: (circle all that apply)

Tree Removal    Landscape    Irrigation

Other: Describe: \_\_\_\_\_

Description of planned work:

Attach drawings, descriptions as necessary: Use back of form.

Important Notice: For your protection, check with Washington County regarding required permits before starting any work on your property. Approval of any LC request by the Board is not certification that the modifications have/will be built according to governmental rules and regulations or that the modification complies with any acceptable building practices.

Names of owner(s) notified who may be impacted by the project.

Date owner notified

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

----- For Committee use -----

Date received: \_\_\_\_\_ By mail or e-mail \_\_\_\_\_

Approval \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Denied \_\_\_\_\_

Landscape Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Board Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Approved changes must be completed within 6 months unless otherwise agreed on.