

LANDSCAPE PERMIT APPLICATION, **LEISURE VILLAGE ASSOCIATION, Inc.**
PLEASE PRINT

NAME _____ VILLAGE ADDRESS _____
MODEL NAME _____ TELEPHONE _____

OWNER REQUESTS

_____ Convert garden bed(s) from Leisure Village Maintained (LVM) to Homeowner/Resident Maintained (HRM)
_____ Convert garden bed(s) from HRM to LVM _____ Add semi-dwarf citrus tree to garden bed(s)
_____ Add pavers/stone/rock to garden bed(s) _____ Remove tree(s) from garden bed(s)
_____ Other _____

GARDEN BEDS INVOLVED _____ All _____ Entry _____ Front _____ Side _____ Rear

DESCRIPTION OF PROJECT (attach garden plan drawing)

All work shall be subject to inspection by the Landscape Committee. Work must be completed in accordance with the approved plan within 60 days of the application approval.

The undersigned agrees to all conditions as stated in the Residential Landscape Guidelines and understands that all changes are at homeowner's expense. Restoration to Leisure Village maintenance shall be homeowners' expense.

CONDITIONS: By signing this Permit Application, Owner(s) agree to release and hold Association and its officers, directors, employees and agents harmless from any and all claims, demands, costs, expenses, rights, and causes of action of any kind that may arise as a result of the installation, removal, maintenance, repair and/or replacement of the work described above and its use. Owner(s) further agree to indemnify and defend Association and its officers, directors, employees and agents against any claim, lien, judgement, costs, expenses, or causes of action arising from the work described above and any other work performed or out of my conduct as owner, as well as the consultants, contractors, agents, or any others acting under my direction or control. Owner is solely responsible for any damage to his/her property, neighboring properties, or Common Areas, or any personal injury in connection with, arising out of or related to the work described herein. Owner understands that the sprinkler system, trees, and shrubs may not be altered or changed without further approval of the Association.

Owner or authorized agent signature _____ Date _____

Upon completion, call the Landscape Committee Representative (LRC) for inspection. Phone # _____

COMMITTEE ACTION

Approval to proceed by LCR _____ Date _____

Final approval by LCR _____ Date _____

Landscape Chair approval _____ Date _____

Notes: _____

GARDENS ARE NOW (Indicate HRM or LVM in spaces provided)

_____ ALL _____ ENTRY _____ FRONT _____ SIDE _____ REAR

LVA ACTIONS

_____ Washers on fascia installed (HRM) or removed (LVM) by _____ Date _____
_____ Irrigation system checked and adjusted by _____ Date _____
_____ LVA Landscape Supervisor _____ Date _____