

## Association Management Division PO Box 20468 · Roanoke, VA 24018 Phone (540) 982-0011 · Fax (540) 344-1730 Braxton Park Property Owners Association

## LANDSCAPING CHANGE REQUEST

| NAME:  |                 |         |        |                |                 |  |
|--|-----------------|---------|--------|----------------|-----------------|--|
| UNIT ADDRESS:  |                 |         |        |                |                 |  |
| PHONE NUMBERS:   |                 |         |        |                |                 |  |
| PROPOSED CHANGE:   | FRONT           | BACK    | SIDE   | (Circle All T  | hat Apply)      |  |
| On the reverse side of this form, please include a plan of the yard/area to be landscaped <b>drawn to scale</b> and any information regarding the additions and/or changes you are seeking approval on. This includes but is not limited to: names and descriptions of the types of landscaping being installed (plants, flowers, trees), brochures, pictures, measurements (width and height or plants or trees), and type of mulch. This information is required in order for your request to be submitted to the Board of Directors for approval. |                 |         |        |                |                 |  |
| I, the undersigned, understand that I am responsible for all maintenance and repair of the requested addition/modification and such responsibility will be passed on to future owners of my property. I request that the Committee review my application and any additional information included.  |                 |         |        |                |                 |  |
| SIGNATURE: DA  |                 |         |        | _ DATE:        | ATE:            |  |
|  |                 |         |        |                |                 |  |
| To Be Completed By Landscape Committee   |                 |         |        |                |                 |  |
| Committee Recommendation   | n (circle one): | Approve | Deny   | Additional Inf | ormation Needed |  |
| Please specify reason for denial or additional information needed:   |                 |         |        |                |                 |  |
|  |                 |         |        |                |                 |  |
|  |                 |         |        |                | _               |  |
| To Be Completed By Board   | of Directors    | Арр     | proved | Denied         | Date:           |  |
| Comments:  |                 |         |        |                |                 |  |
|  |                 |         |        |                |                 |  |