

**SEVEN OAKS RESIDENTIAL COMMUNITY
Architectural Control Committee
Landscape Review Submittal Form**

Date _____

OWNER CONTACT INFORMATION:

LANDSCAPER'S CONTACT INFORMATION:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

DATE TO COMMENCE WORK: _____

COMPLETION DATE: _____

DESCRIPTION OF PROPOSED WORK: _____

PLEASE PROVIDE A DRAWING SHOWING THE LOCATION ON YOUR PROPERTY OF THE LANDSCAPE ADDITIONS INCLUDING THE NAMES OF THE TREES, SHRUBS, OR PLANTINGS THAT YOU HAVE CHOSEN.

APPROVED BY: _____

DATE: _____

I hereby acknowledge that I have received, read, and understand the policies and covenants of as it relates to **Article V – Landscape Control, Section 5.1 - Guidelines** of the Seven Oaks Residential Community and agree to comply with those policies and covenants.

OWNER OR OWNER'S AGENT: _____

DATE: _____

All landscape requests will be reviewed by the Architectural Control Committee expeditiously with notification to the Owners or Owner's agent with an approval, denial or a request for change within (30) days of Owners' request.