

**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.