

CHEVAL PROPERTY OWNERS' ASSOCIATION, INC.

3939 Cheval Blvd., Lutz, FL 33558 Phone: 813-949-6058

DATE SUBMITTED: _____ DATE RECEIVED BY ALRC: _____

FEES: There is no fee for landscaping or tree removal approval

The undersigned owner seeks approval of the Committee as follows:

_____ Additions/Alterations of existing landscaping or tree removal.

_____ **A copy of your property survey must be attached. On this site plan, show dimensions, setbacks, plant types, quantity, and size to include gallon size when planted. For tree removal or additions show location (s) and type (s) of trees and gallon size when planted.**

Narrative Description of your project _____

Anticipated Completion Date: _____

The undersigned property owner hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations, or additions described herein comply with all applicable laws, rules, regulations, codes, and ordinances; including, without limitation, zoning ordinances, subdivision regulations, and building codes. The ALRC shall have no liability or obligation to determine whether such improvements, alterations, and additions comply with any such laws, rules, regulations, codes, or ordinances.

I agree not to begin property improvement(s) until the Architectural & Landscaping Review Committee (ALRC) notifies me in writing of their approval. If any change is made that has not been approved, the Committee has the right to ask me to remove the improvement from my property.

I WILL NOTIFY THE ALRC IN WRITING WITHIN 30 DAYS OF COMPLETION OF THE PROJECT AND PROVIDE THE NOTICE OF COMPLETION AND PHOTOGRAPHS OF ALL VIEWS OF COMPLETED WORK TO THE ALRC.

SIGNATURE OF OWNER: _____ PRINT NAME: _____

STREET ADDRESS: _____ EMAIL: _____

TELEPHONE (Home): _____ (Work): _____

Full approval of this application is subsequent to Notice of Completion where this Committee may find in necessary to request modification.

_____ **RECOMMEND APPROVAL** _____ **RECOMMEND DISAPPROVAL**

COMMENTS: _____

DATE: _____

_____ ALRC

THIS APPROVAL IS GOOD FOR ONLY 6 MONTHS AFTER THE DATE OF APPROVAL AFTER WHICH TIME YOU WILL NEED TO RESUBMIT FOR APPROVAL