

This form and any attachments MUST be MAILED, EMAILED, or FAXED to:

Timmons Properties Inc  
Attn: Kathy Holbrook  
2200 21<sup>st</sup> Ave S, Suite 200  
Nashville, TN 37212

Phone: 615-383-1777 ext 33  
Fax: 615-383-2260  
Email: kholbrook@timmonsprop.com



# Landscape Approval Request Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Email Address: \_\_\_\_\_

### **DESCRIPTION OF PROPOSED CHANGE:**

Please include description of plan, including identification of plants - Include BOTH common and botanical names please. Attach Pictures & Drawings, being as detailed as possible.

Attach additional sheets if necessary. *Separate applications are required for each proposed change.*

### **REQUIRED ADDITIONAL ATTACHMENTS:**

Plants identified by the Botanical as well as the common names, pictures if possible.

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

**Your application may be delayed or not approved if it is incomplete or cannot be understood!  
Landscaping work MAY NOT commence until approval has been granted.**

### **Homeowner's Agreement & Acknowledgment:**

The homeowner acknowledges that all approved changes in the original design will be at their expense, that any and all damage to or relocation of existing underground utilities, building structure, exterior landscaping or other damage resulting from the project shall be at their own expense.

Representatives of the Committee and the Board Of Directors may inspect the proposed project, the project in progress, and the completed project at any time.

**Any variation** from the original design MUST BE submitted for approval as if it were a new project. Failure to do so may result in fines, and/or the homeowner being required to remove all unapproved modifications and restore the property to its original condition, at your own expense, including any legal fees expended to enforce this action.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Procedure: This form and any attachments MUST be MAILED, EMAILED, or FAXED to:

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Hold any Physical Samples (not pictures or drawings) until contacted by a committee member

**\*\*\*\*\* For Committee Use Only \*\*\*\*\***

Date received by Committee Chair: \_\_\_\_\_ Initials: \_\_\_\_\_

**Decision by the Committee:**

**Not Approved:** \_\_\_\_\_ **Incomplete:** \_\_\_\_\_ Please Resubmit

**Approval:**

\_\_\_\_\_ As Submitted  
\_\_\_\_\_ With Provisions agreed upon

Committee Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* For Board of Directors Use Only \*\*\*\*\***

Date received by the Board: \_\_\_\_\_

**Decision by the Board of Directors:**

**Not Approved:** \_\_\_\_\_ **Incomplete:** \_\_\_\_\_ Please Resubmit

**Approval:**

\_\_\_\_\_ As Submitted  
\_\_\_\_\_ With Provisions agreed upon

Board of Directors Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_