

**Seven Gates Homeowners' Association**  
**Landscape Modification Request**

Due to the additional information required when submitting this request, it cannot be submitted on-line.

**Please print this form and attach any necessary items suggested below.**

The more information included will make it easier for the Board to reach a decision.

- |             |                    |                                 |
|-------------|--------------------|---------------------------------|
| 1. Location | 5. Contractor      | 9. Hardscape/Decorative Feature |
| 2. Size     | 6. Plans/Drawings  |                                 |
| 3. Color    | 7. Photos/Brochure |                                 |
| 4. Material | 8. Dimensions      |                                 |

**Type of modification to existing landscape plan**

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**Type of tree, plant or shrub you want to plant**

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**Approximate size of mature tree or shrub**

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The Board has 30 days to make all decisions once all necessary items have been received.

**If information is incomplete, the request process must be started over.**

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

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ # Pages in Request: \_\_\_\_\_

I have read the Landscaping Guidelines for Seven Gates and hereby request that the Design Review Committee review the attached request. I agree not to begin work until I have written approval and to be responsible for the ongoing maintenance and upkeep on the modification/addition in perpetuity. The upkeep responsibility will transfer to all future owners as well.

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

( Homeowner's Signature)

All necessary items need to be mailed to: **Lambeth Management** or faxed to: **(336) 464-2576** or emailed to: **Tiffany.Lmgmt@gmail.com**  
**PO Box 8071**  
**Greensboro, NC 27419**

**For Office Use Only:**

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

Approved

Received By: \_\_\_\_\_

Denied