

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

Type of tree, plant or shrub you want to plant

Approximate size of mature tree or shrub

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