

SCHOA

Project Request / Approval



Resident Name: _____

Address: _____

Date of Request: _____

Type of Project: Architecture____ Landscape____ Other ____

Project Date Range: _____ to _____

Location: *Describe location and add photos as needed i.e. Front yard, back yard, parking strip, HOA buffer zone*

Project Description: *Include details such as number/types of plants, location of trees, if pruning limb locations, home project description/color*

Who will do the project: Homeowner _____

Contractor ____ *Name of company* _____

As specified in our CC&Rs, SCHOA resident accepts liability for any immediate or long-term damage to landscape, erosion issues and or other unintended negative consequences resulting from the project. Resident acknowledges that paying for this project will not excuse the resident from any community special assessment or regular dues to address similar projects in the future.

Resident signature and date: _____

Board requirements/guidelines for project:

Board Approval yes/no and date: