

LANDSCAPING APPLICATION FORM

OWNER: _____ TELEPHONE: _____

ADDRESS: _____

OWNER'S AUTHORIZED REPRESENTATIVE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF DESIGNER OR LANDSCAPE PLAN:

ADDRESS: _____

TELEPHONE: _____

AMOUNT PROPOSED FOR LANDSCAPING \$: _____

PERCENTAGE OF LAND UNDER CONSIDERATION

REQUIRED TO BE LANDSCAPED: _____

PERCENTAGE OF INORGANIC LANDSCAPING: _____

TYPES OF IRRIGATION/SPRINKLING PROVISIONS:

TYPE AND NUMBER OF TREES AND PLANTINGS:

DATE OF COMPLETION: _____

The following owner's signature signifies that all information on the landscaping plan application is correct and accurate to the best of the owner's knowledge and that the owner has thoroughly read and understands all landscaping information and requirements and shall honor all commitments made therein.

SIGNATURES OF PROPERTY OWNER: _____

DATE: _____

SIGNATURE OF PLANNING DIRECTOR: _____

DATE: _____