Owen Brown
Community Association

Application for:
Cul-de-Sac Beautification Grant (up to $250)

Date:_____

Cul-de-Sac:_____

Contact Information:

Name_____

Address:_____

Daytime Phone:_____

E-mail address:_____

Please attach the following information:

- "Before" photograph of the cul-de-sac
- Request from applicant signed by at least 80% of the residents noting their address and signature from the surrounding the cul-de-sac
- Plan (diagram showing location of proposed plantings and other modifications including spacing and size information)
- List of specific plants and other materials to be used including style and color.

The applicants acknowledge that:

- Howard county will not replace dead or diseased tree and plant materials installed by residents.
- Residents are responsible for replacing any dead or diseased plantings they install in their cul-de- sac.
- Residents must properly maintain their approved landscape plan by watering, pruning, seeding, trimming, mulching.
- Applications are limited to one every three years.

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This application will be reviewed by the Covenant Advisor and, if approved, forwarded to Howard County for approval. When the application is returned to the Village with county approval, the cul-de-sac contact person will be notified. When the planting is completed the contact person must provide an "after" photograph and receipts (up to $250) and reimbursement form for the purchase of plants and materials.

Village Approval: _____ Date_____
Covenant Advisor

Village Denial:_____ Date:_____
Covenant Advisor

Reason for Village Denial_____

_____

County Approval:_____ Date:_____

County Denial:_____ Date:_____

Reason for County Denial:_____

_____

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Request for Reimbursement
for Cul-de-Sac Beautification Grant (up to $250)

Date of Request: _____

Total Amount Requested:_____

Name that check should be made out to: _____

Street Mailing Address: _____

City, State Zip: _____

Please attach receipts for review. If more than one receipt is being submitted, please list the reimbursement amount requested from each receipt below.

_____

_____

_____

_____

_____

Approved by: _____ Date_____
Village Manager