

TO: Lake Forest Estates  
Architecture Control Committee  
P.O. Box 782  
Maple Valley, WA 98038

OR:  
LFEACCcommittee@gmail.com

## Request for Landscape / Tree Removal Approval

Homeowner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner's Phone: \_\_\_\_\_ Lot Number: \_\_\_\_\_

I plan to make the following changes to my landscaping:

- Attached is my drawing/layout
- I have completed the checklist below.
- Request for tree removal, if applicable

Scheduled Start Date: \_\_\_\_\_ (allow 2 weeks for approval)

Scheduled Completion Date: \_\_\_\_\_

### Checklist for Landscaping

- \_\_\_\_\_ Corner Lot
- \_\_\_\_\_ Percent of Sod
- \_\_\_\_\_ Percent of Sod to Right of Way
- \_\_\_\_\_ Proposed Shrubs and Trees
- \_\_\_\_\_ Impact on View
- \_\_\_\_\_ Overall Aesthetics
- \_\_\_\_\_ Rocks
- \_\_\_\_\_ Confirmation with Neighbors

I plan to remove trees from my property

Attached is my drawing/layout showing trees to be removed

Number of trees to be removed: \_\_\_\_\_

Number of trees to be planted: \_\_\_\_\_ (must be 50% of trees removed)

The existing tree policy requires that the homeowner replace 50% of the trees removed with native evergreen trees of a minimum height of 5 feet. Tree planting is subject to relevant landscaping guidelines.

Attached is my drawing/layout showing trees to be planted

Scheduled Start Date: \_\_\_\_\_ (allow 2 weeks for approval)

Scheduled Completion Date: \_\_\_\_\_

**Instructions:** Please fill out the requested information including the checklist and include a drawing or layout of the planned landscaping/tree removal and planting. This drawing or layout will be retained by the committee for its permanent files. Mail this form and attachments to the address above prior to starting. You will receive a response within two weeks of receipt by the Architectural Control Committee.

Approval by the committee does not indicate you are in compliance with city, county, or state building codes and permits, but are within the Lake Forest Estates CC&Rs. All building codes, permits, inspections, zoning requirements, etc. are the homeowner's responsibility. Your signature indicates you understand the above.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Architectural Control Committee Use Only:

Approved  Denied

Conditionally approved pending receipt of:

Drawing/Layout

Other: \_\_\_\_\_

ACC Member: \_\_\_\_\_ Date: \_\_\_\_\_

ACC Member: \_\_\_\_\_ Date: \_\_\_\_\_