

5.6 LANDSCAPE PLAN APPLICATION

DATE: _____ BLOCK & LOT NUMBER: _____ STREET NAME: _____

OWNER: _____ MAILING ADDRESS: _____

TELEPHONE: _____ CITY/STATE/ZIP: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

LANDSCAPE

ARCHITECT/DESIGNER: _____ MAILING ADDRESS: _____

TELEPHONE: _____ CITY/STATE/ZIP: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Has the Landscape Architect/Designer visited the Site? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | If yes, date of last visit: _____ | | |
| 3. | Has the Landscape Architect/Designer read the ARC Guidelines & Specifications and designed the plan accordingly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Has the Landscape Architect/Designer attempted to minimize the amount of Site to be graded? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Has Landscape Architect/Designer attempted to minimize the removal of or damage to existing vegetation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | Are the property lines defined and staked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | Are there golf course easements on the property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | If yes, since no encroachments into the easement are allowed, has the golf easement line been clearly marked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. | Has any Exterior Lighting been clearly marked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

NOTE: Attach a copy of the professional Landscape Design for review with this questionnaire.

To the best of my knowledge, the foregoing statements are true.

Landscape Architect/Designer/Contractor Signature

Date