

Section 5.7 LANDSCAPE PLAN APPLICATION – (Form F)

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

OWNER: _____ MAILING ADDRESS: _____

TELEPHONE: _____ CITY/STATE/ZIP: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

LANDSCAPE /DESIGNER: _____ MAILING ADDRESS: _____

TELEPHONE: _____ CITY/STATE/ZIP: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

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|----|--|------------------------------|-----------------------------|
| 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 & detailed? | <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 _____

ARC Chair: _____ **(Signature)** _____ **Date:** _____

Approved () Disapproved ()

Conditionally Approve () _____