

Willowbend Architectural/Landscaping Change Request

This form is for any changes made to landscaping on your property, including removal, modification, and additions of plants. Also, this form is required for any changes or modifications to your home: paint, windows, doors, etc. If you have any questions on requirements, refer to the Willowbend rules. This ACR is valid for 1 year from the date of approval.

Name: _____ Date: _____

Address: _____

Email: _____ Cell: _____ Other: _____

Description of your project (please attach as many pages as necessary):

Estimated start date _____ completion _____

Contractor: _____ Phone: _____

Address: _____

County permit approval necessary: YES _____ NO _____

For painting, include color name and **code** number. Paint must comply with the WB paint pallet. For yard projects, utilities should be marked. Call 811 for utilities.

If your planned project requires crossing property lines, submit a neighbor notification form with your ACR. A deposit may be required to cover any potential damages outside your property boundaries caused by your project. A deposit will be refunded when the property manager confirms all necessary corrections have been made to adjacent property.

For landscape work, provide a site plan including a list of WB-approved plants and all other materials used for the project. Sod may only be used for replacement. There will be no approval for expanding areas of sod.

Irrigation: Prior to a landscape project, it is recommended that LMP irrigation reps mark all your irrigation. Any damage to irrigation by your contractor will be repaired at your expense.

Irrigation: In accordance with county regulations, the LMP rep will adjust the irrigation controller to provide for daily watering for two (2) weeks; watering may then be adjusted to every other day for a period of two (2) additional weeks upon your request.

Irrigation controllers may not be adjusted by anyone other than LMP.

No work shall commence on any project prior to you receiving an approval email or letter from Sentry, our management company. Your signature acknowledges that you understand and will comply with all provisions.

Sign: _____ Date: _____

Submit to: Sentry Management
5969 Cattleridge Blvd. Ste. 203
Sarasota, FL 34232

Email: ltombaugh@sentrymgt.com

Date received by Sentry: _____ Date of Approval: _____ Denial: _____