## Willowbend Community Architectural/Landscaping Change Request

Submit this form for all proposed additions, changes or modifications accompanied by a site plan, setbacks, dimensions from property lines to proposed work site, materials and paint colors with numbers if repainting your house. Refer to home painting requirements on WB Website. This ACR is valid for 1 year from date of approval.

Homeowner Name:	Date:
Phone:(H)	(C)
Address & Lot #:	Email:
Description of proposed work/job	
Contractor Information: Name	Phone:
Address:	Attach Proof: license & insurance:
	No Required permits must be displayed. gas, electric, cable, irrigation, etc. *Call 811 to
schedule	
*Estimated: start date completion	on
A deposit may be required to cover post damage from the work. A deposit is ref	FICATION/PERMISSION FORM when appropriate. sible common area/adjoining homeowner property undable when the Property Manager confirms all e original state. The Homeowner must schedule the
	lacement providing the plant names, locations and r selection from the approved WB plant list. Only ACR FOR TREE WORK is required.
watering for a period of two weeks for land watering of every other day may be received and plant maintent in the maintent watering and plant maintent in the maintent water and before the maintent water w	d by the association's contractor to allow for daily adscape or sod replacement. Additional two week quested. The property will then resume normally ance by the association. Irrigation MUST BE cape work(i.e.pavers). Homeowners are responsible or appliances will be at the homeowner's expense. any plants/trees. The cost of replacement is at the
	ges she/he understands & will comply with the rk shall commence until an APPROVAL LETTER reived.
Homeowner Signature:	Date:
Email to: Frank Pugliese fppugliese@me.c	com
Received by HOA on: DAI'E OF A	APPROVAL: DENIAL:

Form updated: 11/14/25