

Villa Paradiso Landscape Variance Request

Please submit this form to yplandscapecommittee@gmail.com

DATE: _____

SUBMITTED BY: _____ (Must be Property Owner)

ADDRESS: _____

CONTACT INFORMATION: EMAIL: _____

TELEPHONE _____

PURPOSE OF PROJECT: _____

SCOPE OF PROJECT: ENSURE THAT YOU HAVE REVIEWED THE LANDSCAPE GUIDELINE DOC PRIOR TO SUBMITTING

WORK PERFORMED BY: _____

ANTICIPATED START DATE: _____ COMPLETION DATE: _____

PLEASE SPECIFY PROJECT DETAILS BELOW. INCLUDE NAMES OF NEW/REPLACEMENT PLANTINGS. PROVIDE A COPY OF LANDSCAPING DESIGN OR A DIAGRAM OF WORK AREA TO SHOW SPECIFIC AREAS TO ENSURE IRRIGATION IS NOT AFFECTED

BUYING PLANTS PRIOR TO APPROVAL IS NOT ADVISABLE; NURSERIES TYPICALLY DO NOT ALLOW A RETURN IF NOT APPROVED

_____ (CONTINUE ON REVERSE SIDE IF NECESSARY)

Owner Signature: _____ Print Name: _____

*****FOR USE BY LANDSCAPE COMMITTEE*****

Date of Review: _____ Approved: _____ Rejected: _____

Comments: _____
