



LIONS HEAD SOUTH ASSOCIATION, INC.

Architectural/Building & Grounds Committee

BLOCK:

LOT:

APPLICATION FOR TRIMMING TREES/SHRUBS IN RESIDENTIAL BUFFER ZONE

DATE OF APPLICATION: _____

HOMEOWNER (Please Print Name):

ADDRESS:

PHONE:

E-MAIL:

PLEASE MARK LOCATION OF TREE(S) / SHRUBS

REAR

HOME

FRONT

Number of Trees /Shrubs to be trimmed _____

Additional Information:

- Once the application is approved by the Architectural Committee, you will receive a permit to place in your window to show that you have approval for the trimming.
- When the trimming is completed, please contact the LHSA office so that we can inspect and record your application as completed.

Homeowners Signature _____ Date _____

APPROVED By: _____ DATE _____

SIGNATURE OF ARCHITECTURAL/B & G REPRESENTATIVE