## CHINQUAPIN HOMEOWNER'S ASSOCIATION GROUNDS AND LANDSCAPE ALTERATION APPLICATION

NAME OF OWNER(G)			
NAME OF OWNER(S):			
CHINQUAPIN UNIT(S)#:			
WORK REQUESTED AT CHOA EXP	PENSE		
WORK REQUESTED AT HOMEOW	NERS EXPENSE		
TELEPHONE NUMBERS: (H)	(W)	CELL	
EMAIL ADDRESS:	· · · · · · · · · · · · · · · · · · ·		
MAILING ADDRESS:			
<ul> <li>Attached are 4 sets of plans whi site plans, sketches and photogrammer.</li> </ul>	aphs of the described	project.	et,

- The Owner represents that the project adheres to all of the CHOA Governing Documents including the Grounds Planting/Landscape Guidelines.
- The Owner acknowledges and agrees that the Association's representative(s) must have periodic access to the project in order to ensure that the project is being undertaken in a manner safe to the other units in the building, and in accordance with the plans, specifications and procedures approved by the Association.
- The Association's representative will determine the appropriate stages of the project at which inspections will be made. The Owner will ensure that the Association's representative will be given full and complete cooperation from the Owner's licensed contractor at all times during the project.
- Owner agrees and understands that in the event that the Grounds and Landscape Alteration Application is approved by the Grounds Committee that there may be "Special Conditions" imposed on the landscape construction and maintenance of the approved work. Any Special Conditions shall be attached and be a part of the approval document. Applicant agrees and understands that failure to conform to these requirements will result in an automatic authorization by the Owner to have the work brought into conformance with the approved plans, specifications and Special Conditions by the Association.

**Send to:** CHOA / Grounds Committee Chair c/o WMC Inc P.O. Box 6955 Tahoe City, CA 96145

SIGNATURE(S)	 	 
DATE	 	