ARCHITECTURAL REVIEW COMMITTEE

FORM F

LANDSCAPE QUESTIONNAIRE FOR NEW SEABURY

To be completed by Applicant and Applicant's Landscape Architect/Designer:

DATE: _____ **LOT NUMBER:** _____

STREET ADDRESS: _____

OWNER: _____ **MAILING ADDRESS:** _____

TELEPHONE: _____ **CITY/STATE/ZIP:** _____

CELL PHONE _____ **EMAIL ADDRESS** _____

LANDSCAPE ARCHITECT/DESIGNER _____ **ADDRESS:** _____

TELEPHONE: _____ **CITY/STATE/ZIP:** _____

CELL PHONE _____ **EMAIL ADDRESS** _____

Project Type?

☐ General Revisions to Landscape ☐ Pool & Landscape Plan ☐ Landscape w/ New Home or Addition

1.	Has the Landscape Architect/Designer visited the Site?	☐ YES	☐ NO
2.	If yes, date of last visit: _____	☐ YES	☐ NO
3.	Has the Landscape Architect/Designer read the ARC Guidelines & Specifications and designed the plan accordingly?	☐ YES	☐ NO
4.	Has the Landscape Architect/Designer attempted to minimize the amount of Site to be graded?	☐ YES	☐ NO
5.	Has the Landscape Architect/Designer attempted to minimize the removal of or damage to existing vegetation?	☐ YES	☐ NO
6.	Are the property lines defined & staked?	☐ YES	☐ NO
7.	Are there golf course easements on the property?	☐ YES	☐ NO
8.	If yes, since no encroachments into the easement are allowed, has the golf easement line been clearly marked?	☐ YES	☐ NO

To the best of my knowledge, the foregoing statements are true.

_____ _____

Landscape Architect/Designer/Contractor Signature Date

Please submit your plan with this questionnaire!

Created 12/06