

# **Form 100-T**

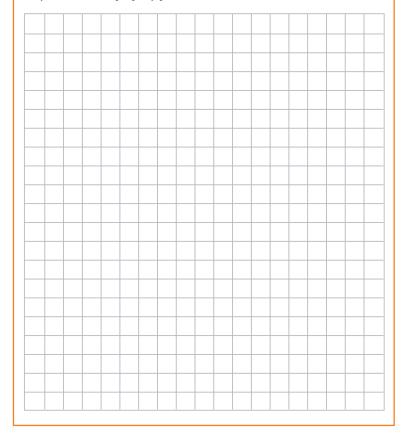
# **Project Type:** TREE REMOVAL

Project Address:		
Subdivision/Lot No.:		
Property Owner's Name:		
Address:		
City		
Home Phone:	Work Phone:	
Contractor's Name:		
Contractor's Address:		
Business Phone:	Mobile Phone:	

(For Office Use Only) <b>Project Number</b>	
Date Recvd E	By:
☐ Approved ☐ I	Disapproved
Date	
<b>Committee Signatures:</b>	

### Location

Please indicate the location of the tree(s) you wish to remove in relation to your home and property pins.



## **Acknowledgements:**

#### 1. Requirements and Inspections:

I understand my lot must be staked and strung and I must identify the tree(s) with a ribbon or string for AVPOA to conduct an inspection.

24 HOUR NOTICE: I also understand that I must contact AVPOA, during regular business hours, to schedule an inspection and allow them a 24 hour notice.

#### 2. AVPOA Restrictive Covenants & Bylaws

This project is regulated by the AVPOA Restrictive Covenants, Bylaws, and the Architectural Control Rules and Regulations, and must be complied with accordingly. Available upon request.

### 3. Additional Permits:

This project may also require to have the approval of the township in which it is occurring in - be it Howard or Brown Township.

**4. Signs:** Only 1 contractor sign consistent with Article 16.3 of the AVPOA Bylaws may be displayed during construction/repair, and must be removed upon completion of construction/repair.

#### 5. Change Orders

ANY change to the information presented on this form must be approved by AVPOA and will require resubmission of a new form 100-T.

By signing below, I hereby swear to the accuracy of these plans and acknowledge that any change must be approved by the Apple Valley Property Owner's Association and that they may be given an injuction to cease construction or remove any structure that deviates from this document.

Owner's Signature: Date:	Owner's Signature:	Date:
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