

**Bethany Springs Condominium
Homeowners Association
Board Approval Request Form**

Use this form to obtain Board Approval for the following landscape additions:

☐ **Add Flower Bed(s) – Side/Back**

☐ **Plant Tree(s)**

Check One

Name: _____

Please Print

Address: _____

Date Submitted: _____ Work to Begin: _____

Instructions

1. See Rule 2, Section 9 regarding rules to plant trees and Section 10 to add a garden bed.
 2. Provide a drawing or sketch of your proposed garden dimensions and plant placement
 3. If planting trees, schedule an appointment with the Board member in charge of Landscaping to discuss placement of the proposed trees, then provide a drawing or sketch of the proposed placement in relation to your building
 4. Work to be performed by:
 - ☐ Self (no proof of insurance required)
 - ☐ Contractor*: _____
- *Request proof of insurance with the BSCHOA named as insured. Provide a copy of this to the Board **before** work begins.*
5. Call Tennessee One: Call 811 at least 3 days prior to work beginning to have your underground utility lines marked for FREE. <https://tn811.jimdofree.com/>
 6. Common and limited common areas are to be restored to their original condition upon completion of the project.

Flower Bed Specifications

- We recommend choosing flowers/plants listed in Rule 2, Section 12, as they have been selected with height and drought considerations in mind.
Plant Selection: _____
- Color of the mulch must match that of the Common areas done by the Association
- Mulching, watering, weeding, fall clean up and general care is the responsibility of the homeowner

Tree Specifications

- We recommend choosing trees listed in Rule 2, Section 12, as they have been selected with height and drought considerations in mind.
- Type and # of tree(s) to be planted: _____
- Color of the mulch around the base of the tree must match that of the Common areas done by the Association
- Mulching, pruning, watering, fall clean up and general care is the responsibility of the homeowner

Homeowner Signature(s): _____

For Board Use:

Date Received: _____ Date Approved: _____

Proof of Insurance: ☐ Yes ☐ N/A Method of Approval: ☐ Board Meeting ☐ Text/Email

Signature President, BSCHOA: _____