



ANDOVER AT PARK WEST HOA
Request form for the Architectural Review Board (ARB)
For any TREE TRIMMING OR REMOVAL modification
(For ANY TREES 6" OR LARGER)

Date: _____ Lot#: _____ Phone: _____

Address: _____

Owner: _____

Describe tree species (Live Oak, Gum, Pine, etc.) and trimming or removal to be undertaken:

ALL COSTS FOR INSPECTOIN, ARBORIST CERTIFICATION AND OTHER ITEMS INCURRED IN REGARD TO THIS REQUEST ARE TO BE BORN BY THE REQUESTING HOMEOWNER.

Start Date: _____ Completion Date: _____

TOWN Permit Required: **Yes**

Attach the following for review:

1. Plat showing location of TREE to be trimmed or removed.
2. Certified Arborist approval for the work needed.
3. Before and after pictures must be submitted.
4. All projects have 90 days to be completed once approved by the Town for action. Homeowners must request an extension if project is not completed within the allotted time or deposit will be forfeited.

Mail request form, documentation and permits to the addressed noted below. Information may be faxed to the number noted below.

Please allow 2 – 4 weeks for review. Should you have any questions please contact us at the number below or via email to your Community Manager, Cari Shirey at Cari@imcchs.com or Info@imcchs.com.