

HIGHLANDS FALLS COMMUNITY ASSOCIATION

LANDSCAPE, ROCK WALL, TREE REMOVAL / CUTTING PERMIT

I, _____ hereby request approval of the following at my home located on: _____
Lot and Block #: _____

DESCRIPTION OF INTENDED WORK: _____

In the event that a tree is larger than six (6) inches in diameter or (20) inches circumference measured at chest level or the tree poses a threat of damage to structures, driveways, or streets, the contractor **MUST** provide proof of general liability insurance. Proof of general liability insurance must be on file in the HFCA office before any approval will be considered.

ANY other activities above and beyond the description must be approved in writing as a new request. Failure to do so will result in fines of \$500 per occurrence. **PERMIT EXPIRES 90 DAYS FROM DATE OF ISSUE AND/OR IF DIFFERENT CONTRACTOR IS SELECTED.** Your signature indicates your understanding and cooperation with this permit.

SCHEDULED DATE(S) OF WORK: _____

IF THE WORK ABUTS THE GOLF COURSE, THE GOLF COURSE SUPERINTENDENT SHOULD BE CONSULTED REGARDING BOUNDARY LINES.
SIGNATURES ARE REQUIRED BEFORE APPROVAL WILL BE GRANTED.
NO WORK MAY BEGIN UNTIL HFCA HAS GIVEN APPROVAL.

CONTRACTOR NAME/PHONE CONTRACTOR SIGNATURE DATE

PROPERTY OWNER DATE

(IF APPLICABLE) OTHER ASSOCIATION REPRESENTATIVE SIGNATURE DATE

HFCA REP DATE