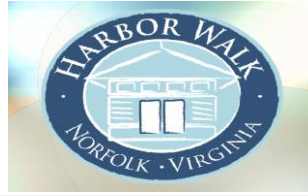


# Harbor Walk Condominium Association, Inc.



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## GARDEN REQUEST FORM

**Please Note:** Initiation of any action that requires a waiver without prior written approval of the Association is a violation of the covenants and is at the applicant's own risk.

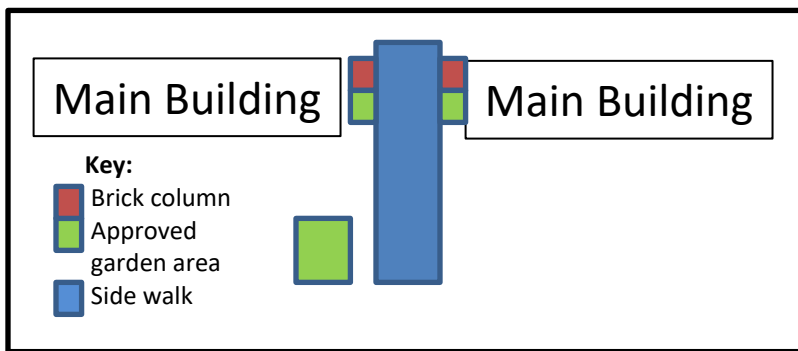
Name: (please print in ink or type) \_\_\_\_\_

Property Address: \_\_\_\_\_, Norfolk, VA 23518

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

**GUIDANCE:** Areas under the stairwells, areas behind the brick columns adjacent to the buildings and hand rails, and areas between driveways are allowed to be used as gardens with submission and subsequent approval of this waiver form. Areas behind the brick columns adjacent to the buildings and hand rails and areas between driveways are allowed flowers and non-vegetation plants. Areas under the stairwells are allowed flowers and vegetation plants. Common areas, back, front and side areas around buildings are professionally landscaped areas and not authorized for gardening. Plants should be seasonal and properly cared for. Garden flags, gnomes or other yard and garden ornaments are not allowed.



**The person submitting the Garden form is responsible for ensuring that the garden area is properly maintained.** Dead plants and plant debris shall be disposed of daily. Areas shall be returned to their original state when the garden plants have expired.

**APPLICATION FOR:** (complete separate application for each area)

Description: Describe the area desired for gardening; the types and characteristics of the plants; time frame for the garden and when the area will be restored to its original state.

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**Habor Walk Condominium Association, Inc.**

**Garden Request Form**

**Page 2**

Please attach supplemental sheets, etc., as needed, to explain gardening intentions.

Failure to provide full descriptions of gardening intentions may result in denial of application.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to The Select Group at the address or fax number provided at the bottom of the first page or email to [cdoneff@theselectgroup.us](mailto:cdoneff@theselectgroup.us)**



**OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_

**Covenants Committee Recommendation:**

Approve as Submitted  Disapprove

Approve with the following stipulations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Board of Directors Action:**

Approved as Submitted  Disapproved

Approved with the following stipulations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_