Armory Park del Sol HOA

c/o Pioneer HOA Management LLC 9420 E Golf Links Rd., Suite 108 Tucson, AZ 85730 Phone: 520-989-0091 clivingston@pioneerhoamgmt.com

APPLICATION FOR LANDSCAPING IMPROVEMENTS

Ар	plication Date:	Date Received by APdS:	
1.	Owner's Name:		
	Address:	Phone (House/Cell):	
	Email address:		
2.	Contractor Name, if any:		
	Address:		
	Phone:	ROC License #:	
	Insured: Yes/No Bonded	d: Yes/No	
3.	Description of work to be done	o:	
	Date work is to begin	Estimated completion date:	
	Names of plants and type of materials to be used (Provide plant/tree genus, species, and common name):		
	Other information:		
		the proposed work unless the Landscaping Committee deems it unnecessary for its thin 60 days of the approved start date.	
review have a	lications shall be submitted to the ed as soon as possible. Reques ny questions, please feel free to SCAPE COMMITTEE USE:	he APdS office and not directly to the Landscaping Committee. Requests will be sts will be approved, denied or returned for additional information after review. If you be email <u>clivingston@pioneerhoamgmt.com</u> or call our office at (520)989-0091FOR	
Meetin	g Date:	Response Sent to Homeowner:	
Action	taken:		