

**DELRAY OAKS WEST #2 CONDOMINIUM ASSOCIATION INC.**

C/O MAHOGANY SERVICES, INC.  
21 S.E. 5<sup>th</sup> STREET, SUITE 100  
BOCA RATON, FL 33432  
561-997-6453 561-750-3775 (fax)

**ADDITIONAL LANDSCAPING APPLICATION**

Property Address \_\_\_\_\_ UNIT # \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Fax number \_\_\_\_\_

**ADDITIONAL LANDSCAPING REQUEST BY RESIDENT**

Approval by the Board of Directors is required for the following modification, alteration or addition to my property as described below or attached to this form.

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

Project Commencement Date \_\_\_\_\_ Project Completion Date \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

By submitting this form I understand that approval of my request is at the discretion of the Board and is subject to the following terms:

1. No lights, fences or ornaments will be placed to impede the maintenance of any common areas. If they are, it is at your own risk. The landscaper will not be responsible for any damage
2. It is the responsibility of the owner to maintain all landscaping additions that they plant. If the unit is leased it is then the responsibility of the tenant to do same. If the landscaping is not maintained the Board has the power to remove the landscaping
3. The landscaping remains with the unit upon sale of the unit

**BOARD OF DIRECTORS**

Date Application received \_\_\_\_\_ Date Application reviewed \_\_\_\_\_

Approved \_\_\_\_\_ Signature \_\_\_\_\_

Additional Terms \_\_\_\_\_

Disapproved \_\_\_\_\_ Disapproved Explanation \_\_\_\_\_

THIS FORM MUST BE SUBMITTED BY THE OWNER OF THE UNIT

**PLEASE RETURN FORM TO ADDRESS REFERENCED IN THE LETTERHEAD.**