

KENTFIELD COMMONS HOME OWNERS ASSOCIATION

HOA-FUNDED TREE REPLACEMENT REQUEST

(If you'd like to plant or replace a tree at your own expense, complete a Landscape Change Request instead.)

If this tree is shared tree growing on the lot line between two homes, both homeowners must complete and sign.

All applications should be sent to the Association Manager.

Name: _____ Owner: Y / N Date: _____

Address: _____ Phone: _____ E Mail: _____

Name: _____ Owner: Y / N Date: _____

Address: _____ Phone: _____ E Mail: _____

TREE REMOVAL APPROVAL: If your tree has already been approved for replacement, skip this section.

Location: The Tree is: Completely in my yard In my yard and my neighbor's yard

- **Condition:** My tree is (check one) Dead Diseased Dying
- **Attachments Required:** Please attach photos showing the tree's location and condition.

1. _____ 2. _____ 3. _____

TREE PREFERENCE: Please select from the HOA Tree list: www.kentfieldcommons.com/trees.

The HOA will obtain the necessary tree removal permits from the City. Please note:

- Every tree that is removed must be replaced by another tree.
- If you are replacing a tree that is within 15ft of the street, you must select a Street Tree.

My tree is within 15 of the street. I would like it to be replaced with a: _____

My tree is more than 15 ft from the street. I would like it to be replaced with a: _____

I'd like the arborist or landscape committee to select a tree for my site.

SIGNATURES: I understand that:

1. Every tree must be replaced. I agree to planting the tree listed above.
2. Trees require more water during their first few years. I will provide the irrigation necessary for the tree's establishment and growth.
3. Landscape contractors guarantee plants for 1 year. It will report failing trees so they can be replaced under warranty.

Applicants Signatures

Date

Homeowners can submit request throughout the year. However the HOA's approvals and tree replacement work is only done annually - using during the cooler months.

For HOA use:

Date Received: _____ **By:** _____ **This Application is:** Complete Incomplete

Procedure for Consideration of Proposed Request:

The Committee shall:

- Review the Request and all supporting documents to ensure they are complete and satisfactory.
- Review the CC&Rs and Association rules in the Directory to ensure compliance.
- Submit their findings and recommendations to the Board within fifteen (15) days of the Owner's submission of a properly completed Request and any required supporting documentation.

No proposed changes may be commenced until written approval is received by the Owner from the Board of Directors. The Owner is solely responsible for ensuring compliance with all Tree Preservation Ordinances and city building codes.

The Board and the Committee shall grant their approval only in the event that the proposed work will benefit and enhance the entire subdivided property in a manner generally consistent with the plan of the development thereof. (CC&Rs Article 18.)

The board and committee's approval or disapproval shall be in writing. In the event that the board and committee fail to approve or disapprove within thirty (30) days after the appropriate plans and specifications have been submitted to it, them, or in any event, if no such suit to enjoin such work has commenced before completion thereof, approval will be deemed given, and compliance with the terms of this article conclusively presumed. (CC&Rs Article 18.)

If Request has been denied by the Board of Directors, the Owner may appear before the Board to present evidence showing the propose alteration(s) of additions(s) comply with the CC&Rs and all City building codes and regulations and that written approval has been obtained from the Owners of all nearby units. A final decision will then be made by the Board of Directors and the Owner will be notified that the request has been either approved of denied within ten (10) days of that meeting.

Arborist and Committee advice to the Board of Directors

RECOMMEND RECOMMEND WITH CONDITIONS NOT RECOMMENDED

Conditions / Reasons _____

Arborist/Committee Member Signature

Date

Board of Directors Action:

APPROVED APPROVED WITH CONDITIONS NOT APPROVED

Conditions / Reasons _____

Authorized Signature

Date

Please keep a copy of this for your records.