

VICTORIA GARDENS HOMEOWNERS ASSOCIATION INC.

525 E VICTORIA TRAILS BLVD DELAND FL 32724

PHONE: (386)738-2112 FAX: (386) 736-3360

APPLICATION FOR ARCHITECTURAL REVIEW “STREET TREES” IN THE RIGHT OF WAY (ROW)

Owner's Name: _____ Date _____

Unit Address: _____ Lot#: _____

Home Phone: _____ Email: _____

APPLICATION:

This application must accompany each request. Fill out the basic information including, name, address, phone, lot#, etc.

PROJECT CATEGORY OPTIONS:

On the application there is an area to select the appropriate option that reflects the detail of your proposed project. Place an “X” in the box that best describes your proposed project. Provide answers to the questions asked in that category. Include requested documentation with this completed application.

SURVEY MAP:

A copy of your property survey **must** be included, if it is required by the category of your project. On it draw or highlight the area where modification or improvement will be made.

CONTRACTOR:

Although not required on application, please include contractors name and contact information. Review committee will not contact the contractor. This information will be kept with your application's records only.

REVIEW AND APPROVAL REQUIREMENTS; PERMITS:

Street Tree replacement projects require approval of both the **Victoria Gardens Homeowners Association (VGHOA)**

AND the **City of Deland (City)**. The sequence is as follows:

1. Homeowner Applicant submits their proposed project to the VGHOA for review and approval.
2. If the proposed project is approved by the VGHOA, the Homeowner Applicant must submit the approved paperwork to the City of Deland as part of a tree removal permit application. Contact the City of DeLand Building Department at (386) 626-7007.
3. If the proposed project is approved by the City, the Homeowner Applicant must provide a copy of the City-approved tree removal permit to the VGHOA prior to the start of the project.

GENERAL INFORMATION:

Please indicate start and finish dates if possible, sign and date. The Architectural Review Committee meets monthly on the 3RD Thursday of the month at 3:00 p.m. at the Gardens Clubhouse. Applications must be submitted no later than 2ND Thursday prior to the meeting by 5:00 p.m. Late applications will be reviewed at the following months meeting.

The completed applications are to be dropped off at the Victoria Park Homeowners Association office at 525 E. Victoria Trails Blvd., (386) 738-2112.

PROJECT CATEGORY OPTIONS ARE LIMITED TO THE FOLLOWING

Please review the options closely. Place an "X" in the box that best describes your proposed project. Provide answers to the questions asked in that category. Include requested documentation with this completed application.

Remove existing STREET TREE and replace it with a new tree of the SAME SPECIES in the EXISTING or an ALTERNATE LOCATION. The new tree will be a minimum of twelve feet (12') in height, five foot (5') minimum spread, three inch (3") caliper, minimum of six feet of clear trunk, container grown.

Provide the species name of your EXISTING STREET TREE: _____

The new tree will be planted in the EXISTING LOCATION: Yes ___ NO ___

The new tree will be planted in an ALTERNATE LOCATION*: Yes ___ NO ___

*If you propose an ALTERNATE LOCATION a copy of your property survey map must be included. On it draw or highlight the EXISTING and ALTERNATE LOCATION of your proposed tree installation.

Remove existing STREET TREE and replace it with a new DRAKE ELM (this is a change of species from the existing tree) in the EXISTING or an ALTERNATE LOCATION. The new tree will be a minimum of twelve feet (12') in height, five foot (5') minimum spread, three inch (3") caliper, minimum of six feet of clear trunk, container grown.

Provide the species name of your existing STREET TREE: _____

The new DRAKE ELM will be planted in the EXISTING LOCATION: Yes ___ NO ___

The new DRAKE ELM will be planted in an ALTERNATE LOCATION*: Yes ___ NO ___

*If you propose an ALTERNATE LOCATION a copy of your property survey map must be included. On it draw or highlight the EXISTING and ALTERNATE LOCATION of your proposed tree installation.

EXPECTED START DATE: _____

EXPECTED COMPLETION DATE: _____

OBLIGATIONS: I, the owner of the property, agree to take full responsibility for, and to bear the full cost of, immediate repairs or replacement of any and all items on the property owned by the Association and adjacent properties that may be damaged and/or destroyed, directly or indirectly, by the work done pursuant to this request, whether such damage is caused directly by the owner, or indirectly by a contractor, agent or employee of the owner.

OWNER: _____ DATE: _____

You are more than welcome to attend the meeting every month on the **3rd Thursday at 3 pm in the Gardens Clubhouse** and participate detailing your application. Applications received after the Thursday prior to the Architectural Review Committee meeting will be submitted the following month for review. Projects not started within 90 days of the approval date will need to be re-submitted.