

**ESTACIO HOMEOWNERS ASSOCIATION  
LANDSCAPE APPROVAL APPLICATION**

Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Estacio Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Plan Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Modification Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_

Expected Begin Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**TO LANDSCAPE COMMITTEE:**

You are hereby advised that the above mentioned work is proposed and approval is requested. Attached is a drawing of the work to be done and types of material to be used as indicated on the drawing. We understand building permits for home improvements may be required by the City of Indio, and the cost of the permits and responsibility of obtaining permits and subsequent inspection will be borne by the applicant.

We acknowledge that all approved changes in the original design will be at our expense, that any and all damage to common areas or relocation of existing sprinkler systems, underground utilities, building structures, and exterior landscaping or other damage resulting from the construction of the proposed improvement shall be at our expense. Additionally, any maintenance of the permitted improvements shall be at the applicant's expense, and the applicant agrees to hold the Estacio Homeowners Association harmless for the cost of maintenance of same. Furthermore, applicant agrees to hold the Estacio Homeowners Association harmless from any liability, damage and/or loss resulting from the construction or performance of the above said proposed modification, whether or not pursuant to approved plans, drawings and/or specifications. It is also agreed that all work will be completed by the above stated completion date and in no case later than three months from the date of approval of this application.

Signature of all owners: \_\_\_\_\_

SUBMIT THIS FORM WITH:  Plans, drawings/specifications.  Contractors names and proof of insurance

**FOR COMMITTEE USE ONLY.**

Date Received: \_\_\_\_\_ Copies of Application: \_\_\_\_\_ Sets of Plans \_\_\_\_\_ Sets Specifications: \_\_\_\_\_

Further Information: Requested: \_\_\_\_\_ Received: \_\_\_\_\_

Decision: Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Comments and/or Conditions of approval: \_\_\_\_\_

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**Forward your application to:** Avail Property Management, 51350 Desert Club Drive, Suite 4, La Quinta, CA 92253  
Phone: 760-771-9546 Fax: 760-771-1655 Email: service@availhoa.com