

SPRING VALLEY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

DATE

Received:	_____
Forwarded to Licensed Landscape Architect	_____
(Insert Firm Name) _____	_____
Review Completion	_____
Application Denied _____	_____
Application Approved _____	_____

CONDITIONAL APPROVAL: The Application for Modification will be approved within 15 days after resubmission provided that the following modifications are made: _____
