



SUMMERLIN WEST

COMMUNITY ASSOCIATION

ARTIFICIAL TURF APPLICATION

Owner Name _____ Date _____

Property Address _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Installation Company _____ Contractor Lic. # _____

Contact Person _____ Phone _____

Manufacturer _____ Length of Warranty _____

Infill Type (Include 1 oz. sample) _____ Color _____

Type of Edging _____

Border Treatment (if applicable) _____

Application must be accompanied by:

1. A six inch by six inch (6" x 6") sample of the artificial turf and the turf manufacturer's specifications, including:

- | | |
|----------------------------------|---|
| Fiber Type | Face Weight |
| Yarn Denier | Pile Height |
| Tufting Gauge | Color |
| Stitch Rate | Backing Material and Weight per Sq. Yd. |
| Product Total Weight per Sq. Yd. | |

2. Landscaper drawings of the yard showing irrigation modifications, placement of the artificial turf and the names and placement of all existing/new plant materials to be installed. (See Exhibit 8)

Total sq. footage of artificial turf to be Installed _____

Total sq. footage of front yard landscape areas _____

By my signature below, I am representing that I have provided the criteria for artificial turf to my installation contractor and acknowledge that I am the responsible party to assure the product and installation are in accordance with the criteria.

Signature _____ Date _____