



# 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 \_\_\_\_\_