



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 _____