

SUPPLEMENTAL ATTACHMENT – PUEBLO BONITO HOMEOWNERS ASSOCIATION

ARTIFICIAL TURF INSTALLATION PROPOSAL

- x Fill out the form below and attach to your Design Review Submittal & Resident Agreement application along with a Raked and Filled Sample of the turf under consideration.
- x Pueblo Bonito has requirements for artificial turf as follows:
 - o Face Weight – 75oz minimum and a minimum gauge of ¼”
 - o Pile Height – minimum 2”
 - o Yarn type – PE & PP monofilament yarn with polyurethane backing
 - o 142 stitch rate/yard – Quality installation with no visible seams/stitching or lines
 - o Anti-aging properties and UV resistant materials
 - o Antimicrobial properties - anti-fungal and anti-bacterial
 - o American or Canadian made
 - o Pre-emergent and/or Weed barrier membrane
 - o Annual maintenance as recommended by manufacturer or supplier required
 - o CR 21 licensed contractor – license number required below
 - o Turf area must be minimum 25% and maximum 65% of total front yard landscape
 - o Artificial turf is to be contained with one of the following: concrete header, brick header, grouted stone, or steel edging set flush with grade.
 - o Minimum 10 year warranty. Synthetic turf has a limited life span (usually 10 years). Replacement of the synthetic grass will be required once appearance has deteriorated to unacceptable levels.

PLEASE FILL OUT SPECIFICATION INFORMATION (INDICATED BELOW) FOR THE TURF BEING SELECTED:

Brand and manufacturer: _____

Face Weight (oz.): _____ Backing Weight: _____

Style type/color (i.e. Kentucky, Bermuda, Rye, etc.): _____

Blade type / Height: _____

Contractor Name & License number: _____

Length of manufacturer warranty (years) _____

THANK YOU FOR PROVIDING THIS INFORMATION. ATTACH THIS SUPPLEMENTAL FORM TO YOUR DESIGN REVIEW SUBMITTAL & RESIDENT AGREEMENT. AS USUAL, DO NOT BEGIN THIS WORK UNTIL APPROVAL HAS BEEN RECEIVED FROM THE HOA DESIGN REVIEW COMMITTEE PER TERMS OF YOUR APPLICATION AGREEMENT.

Submitted by: _____ Phone: _____

____ Approved as submitted ____ Additional Information needed

Signature: _____ Officer: _____ Dated: _____