REQUEST FOR ROOF APPROVAL

Homeowners Name: ____________________________ Date: ________________

Homeowner’s Phone #: __________________________ Lot #: ______________

I plan to roof my house (or _________________ ) with:

Asphalt composition (per the LFEHOA CC&R’s asphalt composition roofing must have a minimum of a 400 pound rating):

[ ] Certainteed – Presidential “TL” Ultimate (480 pound rating)
[ ] GAF – Grand Canyon (450 pound rating)
[ ] ________________________________________________

Color of asphalt composition roofing: ____________________________________________

[ ] Shake
[ ] Other (please describe) _______________________________________________________

Scheduled Start Date: __________________________ (Allow 2 weeks for approval)

Scheduled Completion Date: __________________________

Instructions: Please complete the information above and attach a brochure of the product, circling the product color you have chosen. The brochure will be retained by the ACC committee for its permanent files. Mail this form to the address above (or deliver this form to an ACC member) TWO WEEKS PRIOR to starting the roofing project. You will receive a response from the ACC committee within two weeks of receipt.

Homeowner Signature: __________________________ Date: ________________

For Architectural Control Committee Use Only

[ ] Approved    [ ] Denied    [ ] ________________________________

Comments: ____________________________________________________________

ACC Member: __________________________ Date: ________________

ACC Member: __________________________ Date: ________________