

To: Lake Forest Estates, ACC
P.O. Box 782
Maple Valley, WA 98038

LFEACCommittee@gmail.com

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: _____