

Lawrence Oaks Homeowners Association ARC Application For **ROOFING**

PLEASE MAIL OR EMAIL THE COMPLETED FORM TO:

LAWRENCE OAKS HOMEOWNERS ASSOCIATION, INC.  
c/o Southern Shores Management  
6801 Lake Worth, Rd. Suite 111, North Building, Greenacres, FL 33467

FOR A QUICKER RESPONSE YOU MAY EMAIL THE FORM TO: [ARC@LawrenceOaksHOA.com](mailto:ARC@LawrenceOaksHOA.com)

Date Received \_\_\_\_\_

THIS FORM MUST BE USED WHEN REQUESTING A CHANGE TO THE OUTSIDE OF YOUR PROPERTY

Homeowners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Cell number: \_\_\_\_\_ Home number: \_\_\_\_\_

Email address: \_\_\_\_\_

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**NOTE: "SEE ATTACHED" Is not a sufficient description.** Please include such details as the dimensions, materials, color, design, location and other pertinent data in the space provided. Failure to complete the center section will result in your form being returned. Use additional paper if needed to complete description. The LOT SURVEY must be attached for ALL Fence, Screen or Patio Enclosure, Satellite Dishes, Shutters, and Landscaping changes. Include a copy of Contractor's License and Insurance, Permits and other materials as deemed applicable. If Owner is doing the work, please indicate. Certificate of Insurance must have the HOA listed as the Certificate Holder as follows: *Lawrence Oaks HOA. 7940 Manor Forest Blvd. Boynton Beach, FL. 33436*

Roof Tile Color: \_\_\_\_\_  
I understand that I am responsible for painting the flashing to match the existing trim color. initials: \_\_\_\_\_  
Roof work will start on \_\_\_\_\_ and be completed on \_\_\_\_\_  
I will contact the ARC once the roof tiles have been delivered. initials: \_\_\_\_\_  
Is the required contractor information attached?: \_\_\_\_\_

Approval is hereby requested to make the modification(s) as described above, with detailed specifics. I hereby accept responsibility for complying with all applicable County Ordinances and Building Codes.

Owner signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

**(DO NOT WRITE BELOW THIS LINE – FOR ARC USE ONLY)**

Date Approved: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_

By: \_\_\_\_\_

Comments: \_\_\_\_\_

By: \_\_\_\_\_

**OWNER ASSUMES FULL RESPONSIBILITY FOR OBTAINING ALL APPLICABLE PERMITS. APPROVALS EXPIRE AFTER 90 DAYS. IF MODIFICATION NOT COMPLETED 90 DAYS AFTER APPROVAL, A NEW ARC REQUEST MUST BE SUBMITTED. PLEASE ALLOW 30 DAYS TO PROCESS.**