Green Springs Property Owner's Association Contractor's Application To Install A Metal Roof

Date:		
Property Owner:	Address: _	
Contractor's Name:	Address: _	
Are you licensed with the State of	South Carolina and Horry (County?
Contractor's Business License #'s:	South Carolina#	Horry County#
Are you Insured? B	Bonded?	
Does the roof you are installing co	mply with Horry County an	nd South Carolina codes?
Has our property owner been given	n a Manufacturer's Installa	tion Guide?
Is the Manufacturer's Installation (Guide being adhered to? _	
Will you comply with checking for	rotten shingles or rotten w	ood prior to installation?
Are you installing a metal roof over	r an asphalt shingled roof?	
The gauge roof being installed is:	The coating is:	Color:
The metal roof is: SlateShing	le Shake Tile S	tanding Seam Other
Is the product being installed manu	ufactured for a high wind s	peed area?
Please check all that will be installe Endwall Flashing R		Gable Trim Valley Transition Flashing
Please attach a sketch of the design have installed that are of the same	•	f residential metal roofs that you
	Signature / Date	
*** This application is to be submit		•
the Board of Directors for Approva	l prior to commencement	of work.
ARB Approval	Board Approval	Date