

Lantern Ridge Community Association, Inc.

ARB ROOFING REQUEST FORM (Updated 2019)

Date: _____ Owner Email: _____ Cell: _____

Owner Name(s): _____

Owner Legal Mailing Address: _____

LR Subject Property Address: _____ Scottsdale, Georgia 30079

INSTRUCTIONS: Please refer to your copy of the Amended and Restated Declaration of Covenants, Restrictions and Easements for Lantern Ridge (2014) for more details regarding the ARB approval process. Check Box the category of request below. Provide details that describe your roofing request. Attach before pictures, neighboring home pictures, contractor's specifications, color, and any other necessary information pertaining to the needed replacement or repair. All information must be submitted together, in one communication, via email or certified U.S. Mail to Property Management only. Contact Property Management for the email and mailing address information.

Please note: Only complete submissions can be considered for ARB approvals. All others will be returned.

Work cannot begin until after approval is obtained. Doing so may cause a fine to be assessed.

Townhome Roof Replacement

- Approved Shingle for All Townhomes- **25-Year GAF Royal Sovereign in the Weathered Gray StainGuard 3-Tab Shingle** <https://www.gaf.com/en-us/roofing-products/residential-roofing-products/shingles/3-tab/strip-shingles/royal-sovereign>

Single Family Home Roof Replacement

- ARCHITECTURAL OR DESIGNER SHINGLES in existing roofing color only.
- New Shingle Specifications: _____

Townhome Emergency Roof Patch or Repair

- Damage/Leak Date: _____
- Needed Repairs: _____

Single Family Home Emergency Roof Patch or Repair

- Damage/Leak Date: _____
- Needed Repairs: _____

Proposed Start Date: _____ Proposed Completion Date: _____

SIGNATURE: _____ **Date:** _____

Print Name: _____ If Agent, Contact Info: _____

BOARD OF DIRECTORS ACTION

Date Reviewed: _____ This request is Approved Denied Conditional Approval

Conditions of Approval: _____

Required Completion in: 30 Days 60 Days 90 Days Proposed Completion Date Other _____

Approval Signed: _____ **Print:** _____

Approval is for aesthetics only. The Lantern Ridge Community Association, Inc. and or the BOD & ARB assume no responsibility for liability, structural design, building codes, permits or injury as a result of this approval. Owners should exercise due diligence.

Work Status Verified by: _____ **Date:** _____

Completed as Approved

No Work Performed

Not Completed as Approved

Work Started - Incomplete