

REPLACEMENT ROOFING APPROVAL REQUEST FORM

SADDLEBROOK HOMEOWNERS ASSOCIATION

Please submit this **Completed Form** along with the below listed additional supporting data to a member of the Architectural Control Committee (ACC) in order to receive replacement roofing approval

FOR USE WITH SECTION I. OR SECTION II. PLUS DETAILED SECTION INFORMATION

- A. A **proposal from your roofer / contractor** detailing proposed materials and installation procedures
 B. **Samples of proposed Shingles** (sufficient quantity to determine color uniformity)

Home Owners Name: _____ Address: _____
 Phone Number: _____ E-mail: _____

SECTION I. FOR USE WITH COMPOSITION SHINGLE ROOFING REPLACEMENT ONLY:

A. Shingle Manufacturer: _____
 B. Shingle Type: _____
 C. Manufacturers Warranty (years) [_____]
 D. Weight per Square: [_____]
 E. Class "A" Fire Rating?: YES: _____ NO: _____
 F. Laminated or Dimensional Single?: YES: _____ NO: _____
 G. Shingle Color: [_____]
 H. Will old Shingle be removed?: YES: _____ NO: _____
 I. Replacing Plywood decking?: YES: _____ NO: _____ If yes, thickness:[_____]
 J. Will membrane Under-Layment be installed?: YES: _____ NO: _____
 K. Will Metal Edging be painted to match house trim color?: YES: _____ NO: _____
 L. Will Roof Vents be installed?: YES: _____ NO: _____
 M. Will Vents be painted to match Roof color?: YES: _____ NO: _____
 N. Will Vents be visible from the front street?: YES: _____ NO: _____

SECTION II. FOR USE WITH NON-COMPOSITION SHINGLE ROOFING REPLACEMENT ONLY:

A. Shingle Manufacturer: _____
 B. Shingle Type: _____
 C. Shingle Color: [_____]
 D. Will old Shingle be removed?: YES: _____ NO: _____
 E. Will Metal Edging be painted to match house trim color?: YES: _____ NO: _____
 F. Will Roof Vents be installed?: YES: _____ NO: _____
 G. Will Vents be painted to match Roof color?: YES: _____ NO: _____
 H. Will Vents be visible from the front street?: YES: _____ NO: _____

SIGNATURE:

Homeowner's Signature: _____ Date: _____

For Architectural Control Committee (ACC) use only:

Date Request Received by ACC: _____ Date Approved by ACC: _____
 ACC Member Signature: _____ Date: _____
 Print Name (ACC) Member: _____ Phone Number: _____