

**RAINTREE LAKE
APPLICATION FOR IMPROVEMENT
ROOF**

DATE: _____

NAME OF APPLICANT: _____ PHONE: _____

LOCATION OF IMPROVEMENT: LOT: _____ ADDRESS: _____

ROOFING MATERIAL TO BE USED: (CHECK ONE)

ASPHALT/FIBERGLASS SHINGLES COLOR SELECTION "WEATHERED WOOD" OR EQUIVALENT: _____

GERARD STONE-COATED STEEL ROOF WRITE IN COLOR SELECTION FROM GUIDELINES: _____

TILE, SLATE, CONCRETE OR CERAMIC COMPOSTION ROOFING WRITE IN COLOR SELECTION: _____

REQUIRED: 40 YEAR WARRANTY OR BETTER

ALSO EXPOSED BROWN METAL VALLEYS AND MFG. ENHANCED RIDGE OR DOUBLE LAYER SINGLE RIDGE

BEGINNING DATE OF IMPROVEMENT: _____ COMPLETION DATE: _____

By signing below, I have given permission for the RLPOA Codes Enforcer to enter on to my property 1) to take picture for the ARB 2) to inspect compliance of project after completion.

INSTALLATION CONTRACTOR

SIGNATURE OF APPLICANT

Note: Applicant is responsible for contractor's adherence to ARB Guidelines.

Office use:

Received by _____

Received on _____

APPROVED/DISAPPROVED: _____ DATE: _____

APPROVED/DISAPPROVED: _____ DATE: _____

APPROVED/DISAPPROVED: _____ DATE: _____

APPROVED/DISAPPROVED: _____ DATE: _____

THIS APPLICATION IS HEREBY APPROVED/DISAPPROVED

ARCHITECTURAL REVIEW BOARD CHAIR

IF DISAPPROVED, LIST REASON(S) FOR DISAPPROVAL: _____

