

CHEVAL PROPERTY OWNERS ASSOCIATION, INC.

4142 Cheval Blvd., Lutz, FL 33558

Phone: 813-949-6058 Fax: 813-948-3656

Replacement Roof Application

DATE SUBMITTED: _____ DATE RECEIVED BY ALRC: _____

The undersigned owner seeks approval of the Committee for a House roof replacement.

Please provide a manufacture brochure of the roofing material and **Contractor Name** _____

Tile or Shingle:

Manufacture _____
Product Name or Model Number _____ Color _____

Biarritz has one approved tile: Manufacturer: Eagle Roofing Products Product Style: Capistrano
Product #: 3118 Product Name: Terracotta Gold

Cannes has two approved tiles: Manufacturer: Integra Roof Tile Profile: Plantation Flat Tile Texture: Tapered Shake (Smooth)
Code#: F-NTGR-NNY-SM-15 (1) **OR** Manufacture: Eagle Profile: Bel Air Range Texture: Smooth Flat Code#: 4679 Color: Light Gray Range

Anticipated Completion Date: _____ The undersigned property owner hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations, or additions described herein comply with all applicable laws, rules, regulations, codes, and ordinances; including, without limitation, zoning ordinances, subdivision regulations, and building codes. The ALRC shall have no liability or obligation to determine whether such improvements, alterations, and additions comply with any such laws, rules, regulations, codes, or ordinances. I agree not to begin property improvement(s) until the Architectural & Landscaping Review Committee (ALRC) notifies me in writing of their approval. If any change is made that has not been approved, the Committee has the right to ask me to remove the improvement from my property. I WILL NOTIFY THE ALRC IN WRITING WITHIN 30 DAYS OF COMPLETION OF THE PROJECT AND PROVIDE THE NOTICE OF COMPLETION AND PHOTOGRAPHS OF ALL VIEWS OF COMPLETED WORK TO THE ALRC.

SIGNATURE OF OWNER: _____ PRINT NAME: _____ STREET ADDRESS: _____
TELEPHONE (Home): _____

(Work): _____

***** Full Approval of this Application is subsequent to Notice of Completion where this Committee may find in necessary to request modification.

_____ RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL COMMENTS: _____

Date: _____ ALRC _____