

CHEVAL PROPERTY OWNERS' ASSOCIATION, INC.

3939 Cheval Blvd., Lutz, FL 33558

Phone: 813-949-6058

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 (circle one):

Manufacture _____

Product Name or Model Number _____ Color _____

Biarritz has one approved tile: Manufacturer: Crown Roofing Tiles Product Style: Sanibel

Product #: ASASC001 Product Name: Mission Terracotta Range

Cannes has one approved tile: Manufacturer: Eagle Profile: Bel Air Range Texture: Smooth Flat

Code#: 4679 Color: Light Gray Range

Beauvais has two approved tiles: Manufacturer: Eagle Profile: Capistrano Code#: 3687 Color: Brown Gray Range

Or Manufacturer: Brava Tile Profile: Spanish Barrel Color: Black Brown Blend

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: _____ EMAIL: _____

TELEPHONE (Home): _____ (Work): _____

Full approval of this application is subsequent to Notice of Completion where this Committee may find it necessary to request modification.

_____ RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL

COMMENTS: _____

Date: _____

ALRC _____