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Request Date: ________________

ROOF REPLACEMENT
PROJECT REQUEST

Lot Number: _________

Lot Address: ______________________ _____________________ ________________
Address City Zip

Lot Owners Name: _______________________ ________________________________
First Name Last Name

Mailing Address: ______________________ Day Phone: ( ) _______-__________
(If different from lot site) Address

______________________________ Eve. Phone: ( ) _______ - _________
City

_____________ ____________ Lot Owner: Yes ____ or No ____
State Zip

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Please provide specific information regarding your re-roofing project.

Roofing material must be guaranteed for thirty *(30) years* or higher.

All structures upon the property must have the same roofing material. Mixed roofing materials will not be approved for a property.

1. ____ House Roof ___ Garage ___ Shed ___Car Port ___ Out Building ___ Other
2. Type of Roofing Material: ____
3. Color: ____
4. Brand Name: ____
5. Estimated Start Date: ____

INCLUDE SAMPLE OF ROOFING MATERIAL & COLOR.
APPROVAL WILL BE DELAYED IF SAMPLES ARE NOT INCLUDED AT TIME OF REQUEST.