

**Lakewood 10A/10B Homeowners Association,
Inc. Architectural Review & Approval ROOFING
SPECIFIC Request Form**

Please complete and return this form to a Board member

Date : _____ Request by : _____

Phone : _____ Address : _____

Unit : _____ Lot : _____

Review and Approval is requested on the following roofing selections from the approved options in the 10 A/B roofing resolution:

Shingle Brand: _____

Shingle Style: _____

Shingle Color: _____

Proposed starting date : _____ (most re-roof projects should take one week or less to complete)

Roofing Contractor Note: all permits and licenses required are the responsibility of the homeowner.

PLEASE NOTE: Per Article VIII of the covenants...."No building, fence, wall, patio cover, window awning or other structure shall be commenced, erected or maintained upon the lots, Common Areas or other properties within the project nor shall any exterior addition to or change or alteration therein be made until the plans and specifications showing the "

Architectural Control Committee Section

Decision on Request:

Approved _____ Not Approved _____ Deferred _____

Architectural Control Committee Members' Signatures

Date Signed _____