



Architectural Review Board
Appendix I – Application for Reroofing

Date \_\_\_\_\_

Lot Number \_\_\_\_\_ Street Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Existing Roofing (Check one and complete)

- Wood Shake/Shingles
Asphalt/Fiberglass Shingles: Color
Other (Describe)

Proposed Roofing (Check one and complete)

- Wood Shake/Shingles\* Color, if any
Asphalt/Fiberglass Shingles
GAF Timberline or Elk Prestique Color
Other Manufacturer
Other Materials\* Color Wt. Per square (lbs)

A Compliance Deposit of \$750 must accompany this application - Application fee of \$25.00 made payable to Long Cove Club ARB, checks only please

Roofing Contractor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*6"x 6" samples or larger of the intended roofing material are required and should accompany this application.

Submitted by: (Signature) \_\_\_\_\_

Phone: \_\_\_\_\_

All roof fixtures must be painted to match the roof in flat paint: this includes PVC pipe and attic vents.

Note: This application is valid for a period of six (6) months only. Paid fees and deposits on expired applications are not refundable, nor transferable, to future applications.

ARB Approval Date \_\_\_\_\_ Paint \_\_\_\_\_

Signature of ARB Member \_\_\_\_\_

Copies for: ARB Records; Homeowner; LCC Security for installer pick-up