

The Shores Property Owners Association, Inc.

Project Plan Review Application for Re-roofing of Residence

TO: THE SHORES PROPERTY OWNERS ASSOCIATION, INC.
ARCHITECTURAL REVIEW BOARD

FROM: PROPERTY OWNER: _____
LOT NUMBER: _____
PRESENT ADDRESS: _____
CITY, STATE: _____
PHONE: _____

ROOFING CONTRACTOR: _____
ADDRESS: _____
CITY, STATE: _____
PHONE: _____
FL CONTRACTOR LICENSE NUMBER: _____

ARB APPROVAL CHECKLIST: PLEASE SUBMIT FOLLOWING DOCUMENTATION PRIOR TO ANY WORK COMMENCING.

- ROOFING CONTRACTOR PROPOSAL, INCLUDING COST ESTIMATE

- ACTUAL SAMPLES OF ROOFING MATERIALS TO BE USED, INCLUDING A PIECE OF THE METAL OR TILE AND GROUT.

PLEASE NOTE: THE PROJECT MUST COMPLY WITH ALL ARB CRITERIA

DATE: _____ SIGNATURE: _____