

WESTMINSTER COMMUNITY ASSOCIATION

ROOF REPLACEMENT FORM

You cannot proceed without approval from the Architectural Review Committee.

Submit to: ARC Chairperson / Property Management Office

Date: _____ 2001 Oxford Ridge Circle, Lehigh Acres, FL 33973 Phone: (239) 491-2767

Homeowner - _____

Address - _____

Phone (Home) _____ Email _____ (Cell) _____

New Roof Information

Manufacturer - _____

Tile Composition Concrete _____ Steel _____

Type Barrel _____ Shake _____ Other _____

Tile Name - _____ Style Number - _____

Tile Sample (full size) delivered to office Yes / No Date Accepted - _____

Are you currently experiencing water penetration into your house due to roof leak? Yes / No

Are you waiting for your insurance company's authorization? Yes / No

Expected date of re-roofing to begin? _____

Fully completed roof replacement request forms, along with a full- size tile sample, and a manufacturer's brochure must be submitted before the deadline. Please print your name and address on the back of the tile sample and the brochure. The deadline for ARC requests is always the Friday (noon) before the second Wednesday of each month to be considered for that month's meeting.

Roof replacement requests are reviewed and voted on at our regular monthly meetings.

Your request will not be considered without a fully completed request form, tile sample, and brochure.

Your ARC is sympathetic to an EMERGENCY roof replacement need. We are willing to be flexible with your time requirement as the situation allows.

All previous dated copies of this form are null and void. (Effective 1/1/22).

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If project is started before ARC approval is given, the HOA can levy a fine of \$100 per day with a maximum fine under Florida statutes until ARC approval is granted.

Construction time is allowed from 8 AM to 6 PM, Monday thru Saturday.

It is the responsibility of the owner to obtain the required government permits for work to the home.

Roof replacement must begin within five (5) months after the approval of this request. Failure to accomplish this time frame will result in your re-submitting a new request. All work must be completed within six (6) months after this approval.

Please sign and date below to acknowledge that you have read and understand these conditions.

Homeowner's Signature - _____ Date - _____

Neighborhood Association (if applicable)

Date - _____ Approved - _____ Denied - _____ Tabled - _____

Signature - _____

Comments- _____

Architectural Review Committee

Date - _____ Approved - _____ Denied - _____ Tabled - _____

ARC Comments - _____

Signature of ARC Chairperson / Acting Chairperson

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