

BEDFORD DOWNS HOMES ASSOCIATION

ROOFING REQUEST FORM

Property owner shall schedule an appointment and return this completed form and attachments to Lisa Stanley at homes association management company's office

Date _____ Home Phone _____

Name _____ Work Phone _____

Address _____

Sub-division: Bedford Downs Foxfield Foxfield Estates

Type of Proposed Shingles - Check Type:

Laminated Composition Concrete Slate Tile Other

Brand Name: _____ Style Name: _____

Manufactured By: _____

Manufactures Address: _____

Color Name and/or Number: _____

Pattern, Style Number and/or Number: _____

_____ Year Warranty Term and Shingles Weigh _____ lbs. per square.

Underlayment Will be _____ lb. Roofing Felt Paper.

Roofing Contractor's Name & Complete Address: _____

Additional Information Provided: _____

Required to be submitted with this completed **Roofing Request Form** includes:

- 1) Actual shingle of color and pattern proposed,
- 2) Manufacturer's color sample of selected proposed shingle,
- 3) Any Manufacturer's literature concerning proposed shingle and it's qualities which would assist Board of Directors in their consideration of this Roofing Request.

The Manufacturer's color sample will be kept and filed with this Roofing Request Form in homes association files. Actual shingle sample will be returned to property owner following Board of Directors review and written decision.

Estimated Beginning Date of Construction _____

Estimated Ending Date of Construction _____

(Signature of Property Owner)

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This proposed "Roofing Request Form" was **APPROVED** - **DISAPPROVED** by
Bedford Downs Homes Association Board of Directors.

(Name & Title)

(Date)

If disapproved, the following reasons were stated:

