

APPLICATION FOR ARCHITECTURAL APPROVAL - ROOFING

Complete and return to DVCA office

Name: _____ Address: _____

Phone: (____) _____ Email: _____

Date Submitted: ___/___/___ Project Start Date: ___/___/___ Completion Date: ___/___/___

Please briefly describe your project: _____

Please check all that apply:

1. Will repair / replace roofing shingles. (ONLY composition style shingles are allowed.)
(Circle one)

2. Materials - Shingle Manufacturer: _____

Shingle Style: _____

Warranty: _____

Color: _____

If color is NOT on pre-approved color chart, place color sample in box below:



4. Contractor performing work: Name _____ Contact#: _____

6. Please initial: _____ NO contractor signs are allowed on your property, per DVCA protective covenants

_____ I agree to comply with all Restrictive Covenants and DVCA Policies.

_____ I have attached Dumpster application if needed.

_____ I am aware that the Deeds Committee will respond as quickly as possible, but can take up to 30 days if needed.

Resident Signature

Date

FOR OFFICE USE ONLY

APPROVED by: _____ Date: ___/___/___

DENIED Reason for denial: _____ Date: ___/___/___