



**Architectural Review Board
Roof Replacement Submittal Form – Shared Roof Homes (SRH)**

For all owners whose roof is being replaced:

Owner’s Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Owner’s Addresses: _____

REMINDER: Roof Replacement May Not Commence prior to the ARB’S approval of the project.

Note: If you reside in a single family home, please use the **single family roof form**.

Roof replacement requires a Manatee County building permit. All materials and methods must comply with the latest issue of the Florida State building code requirements. Owners or their contractor(s) are responsible for obtaining the necessary Manatee County permits prior to start of any work.

Tile Manufacturer: _____

Tile Name: _____

Tile Color: _____ Color Number: _____

Contractor’s Company Name: _____ Phone: _____

Contractor’s Address: _____

Contractor Florida Business License No.: _____
(Verify at <https://www.myfloridalicense.com/>)

Date Issued: _____ Date Expires: _____

Certificate of Insurance: Copy Attached (General & Auto Liability, Workmen Comp, Umbrella)

Date Issued: _____ Date Expires: _____

Estimated Start Date: _____ Estimated Completion Date: _____



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By signing this form, the Applicant acknowledges that as per Article 4.1(c) of the LRF Covenants, anyone occupying or visiting his or her Lot is *“responsible for all violations and losses they cause to the Common Maintenance Areas.”* **Signatures are required for applicants and owner(s) of any adjoining units under the shared roof.**

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

******* THIS SECTION TO BE COMPLETED BY THE ARB *******

Decision: _____ **ARB Comments/Conditions:** _____

Signature: _____ **Date:** _____