



ROOF REPLACEMENT SUBMITTAL FORM

REMINDER: ROOF REPLACEMENT MAY NOT COMMENCE PRIOR TO THE ARB'S APPROVAL OF THE PROJECT

TO BE FILLED OUT BY ALL HOMEOWNERS WHOSE ROOF IS BEING REPLACED

Homeowner Name & Address - Please Print

Phone Number

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Phone Number

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Phone Number

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Tile Information

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 & Number

Contractor Information

Contractor's Name

Contractor's Address

Contractor's Phone #

Estimated Start Date

Estimated Completion Date

Contractor's License #

Date Issued

Date Expires

(Verify at <https://www.myfloridalicense.com/>)

Contractor's Certificate of Insurance Copy Attached

Date Issued

Date Expires

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PLEASE MAKE SURE TO FILL OUT AND SIGN BELOW

By signing this form, the Applicants acknowledge that per Article 4.1(c) of the LakeRidge Falls' Covenants Conditions, and Restrictions, owners are "...responsible for all violations and losses they cause to the Common Maintenance Areas..." in addition to Article 6.2 which obligates every Owner "...to obtain and maintain at all times insurance covering consequential damages to any other Lot or the Common Area..."

Signatures are required for applicants and owner(s) of any adjoining units under the shared roof.

Homeowner Name - Please Print

Signature

Date

Homeowner Name - Please Print

Signature

Date

Homeowner Name - Please Print

Signature

Date

Homeowner Name - Please Print

Signature

Date

Homeowner Name - Please Print

Signature

Date

Homeowner Name - Please Print

Signature

Date

ARB Decision

THIS SECTION TO BE COMPLETED BY THE ARB

Decision

ARB Comments/Conditions

Member Name

Signature

Date