

**RAINTREE LAKE  
APPLICATION FOR IMPROVEMENT  
ROOF**

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION OF IMPROVEMENT: LOT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**ROOFING MATERIAL TO BE USED: (CHECK ONE)**

ASPHALT/FIBERGLASS SHINGLES COLOR SELECTION "WEATHERED WOOD" OR EQUIVALENT: \_\_\_\_\_

GERARD STONE-COATED STEEL ROOF WRITE IN COLOR SELECTION FROM GUIDELINES: \_\_\_\_\_

TILE, SLATE, CONCRETE OR CERAMIC COMPOSTION ROOFING WRITE IN COLOR SELECTION: \_\_\_\_\_

**REQUIRED (please indicate the following will be installed):**

- 1) **40 YEAR WARRANTY OR BETTER** Yes \_\_\_\_\_ or No \_\_\_\_\_
- 2) **EXPOSED METAL VALLEYS MUST BE BROWN** Yes \_\_\_\_\_ or No \_\_\_\_\_
- 3) **MFG. ENHANCED RIDGE OR DOUBLE LAYER SINGLE RIDGE** Yes \_\_\_\_\_ or No \_\_\_\_\_

**ROOF COLORS** and names vary from manufacturer to manufacturer. Weather Wood is the only approved color for the community. Other colors will be considered on a case by case basis. They must be in the brown color range. Examples include: (please check one of the following if applicable): **TIMBERLINE & GAF COLORS:** Barkwood\_\_\_\_, Driftwood\_\_\_\_, Mission Brown\_\_\_\_, Slate\_\_\_\_, or Weathered Wood\_\_\_\_. **OWENS CORNING COLORS:** Autumn Maple\_\_\_\_, Brownwood\_\_\_\_, Chestnut\_\_\_\_, Driftwood\_\_\_\_, Estate Gray\_\_\_\_, Granite\_\_\_\_, Mesquite\_\_\_\_, Storm Cloud\_\_\_\_, Summer Harvest\_\_\_\_, Sycamore\_\_\_\_, Timber\_\_\_\_, or Teak\_\_\_\_. The homeowner must state in writing the reason why Weathered Wood color is not acceptable for their home.

**BEGINNING DATE OF IMPROVEMENT:** \_\_\_\_\_ **COMPLETION DATE:** \_\_\_\_\_

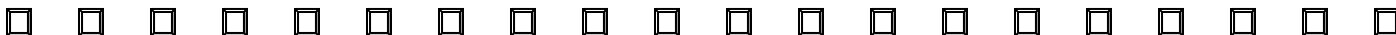
By signing below, I have given permission for the RLPOA Codes Enforcer to enter on to my property 1) to take picture for the ARB 2) to inspect compliance of project after completion.

\_\_\_\_\_  
**INSTALLATION CONTRACTOR**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

Note: Applicant is responsible for contractor's adherence to ARB Guidelines.

Office use: Received by \_\_\_\_\_ Received on \_\_\_\_\_



APPROVED/DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

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APPROVED/DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED/DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS APPLICATION IS HEREBY APPROVED/DISAPPROVED**

\_\_\_\_\_  
**ARCHITECTURAL REVIEW BOARD CHAIR**

**IF DISAPPROVED, LIST REASON(S) FOR DISAPPROVAL:** \_\_\_\_\_