



Raintree Lake Property Owners Assoc.
 825 SW Raintree Drive
 Lee's Summit, MO 64082
 Phone: 816-537-7576 Fax: 816-537-5621

Roof Replacement Improvement Application

****Office Use Only****

DATE RECEIVED: _____

RECEIVED BY: _____

SAMPLES ATTACHED:

RESIDENT INFORMATION

First Name:	Last Name:	Lot #:	Date:
Address:		Email:	Phone:

IMPROVEMENT DETAILS

TYPE OF ROOFING MATERIAL TO BE USED:
 Asphalt/fiberglass shingles Gerard Stone-coated steel roof Tile, slate, concrete or ceramic composition

MANUFACTURER: _____ **NAME OF CONTRACTOR:** _____

COLOR OF SHINGLE: Brown Gray Other: _____ **MANUFACTURER'S NAME OF COLOR:** _____

PLEASE READ THE FOLLOWING REQUIREMENT FOR ALL ROOF INSTALLATIONS: *THICKNESS of shingles must meet the manufacturer's term of 40 year warranty. Most roof shingles come with a lifetime warranty, so it is imperative to confirm the THICKNESS is a 40 year or better with the manufacturer.*

By checking this box, I understand the 40 year warranty requirement.
 By checking this box, I understand that the valleys must be comparable to roof color.
 By checking this box, I understand the MFG. ridge must be an enhanced ridge or a double layer single ridge installation.

BEGINNING DATE OF IMPROVEMENT: <small>(No earlier than date of approval)</small>	COMPLETION DATE: <small>(No longer than 6 months after date of approval)</small>
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By signing below, I have given permission for the RLPOA Codes Administrator to enter my property to do the following: 1) Take a picture for the ARB Committee approval meeting 2) Inspect compliance of project after completion.

I agree to the roof warranty requirements
 I understand I am responsible for my contractor's adherence to ARB guidelines.

SIGNATURE OF APPLICANT

*** COMMITTEE USE ONLY ***

1st Submission: **APPROVED** **DECLINED**

ARB COMMITTEE MBR SIGNATURES:

Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
ARB CHAIR:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
IF DECLINED, REASON:			
IF EXCEPTION MADE FOR APPROVAL, REASON:			

2nd Submission:

APPROVED **DECLINED**

Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
ARB CHAIR:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:

Sub Association Approval

Sub HOA Name: _____ Signature: _____