

Willow Springs Homeowners Association, INC. (WSHA)

Managed by KEYS-CALDWELL, INC. 1162 Indian Hills Blvd., Venice, FL. 34293

Telephone (941) 408-8293 Fax: (941) 408-8664

Homeowner's Request for Roof Replacement

Owner: _____

Lot #: _____

Address: _____

Phone Number: _____

Proposed Schedule: Project to start: _____

Date for tiles to be delivered: _____

Date for project to be completed: _____

Objective:

The objective of this approval process is to assure the homeowner's roof, after replacement, will match the other roofs in place to provide a uniform and consistent look throughout Willow Springs.

Roofing Material Specifications:

Roof tiles must be Boral Monier Lifetime Cream Villa 900 #1MPMS0190 Champagne Cream.

**** No substitutions are allowed ****

Approval Process

1. Owner is to receive written approval on this form **before** construction is to start.
2. Owner is to notify the Chairman of the Architectural Committee or President of the Association when the tiles are scheduled for delivery so a visual inspection of the tiles can be scheduled to confirm the correct tiles have been delivered
3. Installation of the new tiles is not to start until the Chairman of the Architectural Committee or President signs off on this form confirming the correct tiles have been delivered.

Terms and Conditions

1. Owner assumes full responsibility for maintenance of the modifications herein described, and holds the Association harmless from any liability or damage to the subject property because of this modification. All work is to be at the owner's expense. This request is subject to obtaining all applicable county building permits.
2. Any damage to the Irrigation System, GTE, FPL, Verizon or Cable TV lines will be at the owner's expense.
3. The project must begin within 60 days of approval.
4. The owner shall notify the Architectural Chairman upon completion of this project.
5. The Association reserves the right to inspect the completed project to ascertain compliance with this request.
6. The owner (by signing this approval request form) agrees to comply with all the requirements on this request.

Owner's Signature: _____

Date: _____

Date Received: _____ Approved: _____ Disapproved: _____ Notified: _____

Chairman: _____

President: _____

Date of visual tile Inspection: _____ By: _____

Roofing Contractor Signature that only tiles noted above will be installed _____

Return this completed application, in triplicate, to the Chairman of the Architectural Committee or place in the ARC Box located in the mail center by the second Friday of the month and it will be acted upon at the next regularly scheduled Board Meeting.