

APPLICATION FOR ARCHITECTURAL REVIEW

Replacement of Roof

PINEWOOD GREENS HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW COMMITTEE

Name _____

Telephone _____

Email _____

Address in Pinewood Greens _____

Lot # _____

Mailing Address (if different from above) _____

Applications that are incomplete, do not provide detailed specifications, or do not include a copy of the relevant Guideline (with your initials) will be denied for lack of information and returned to you.

House Style

Choose one:

- Dutch Colonial (Gambrills Roof, Shingles extend down the front of the house)
- Other

Shingle Style

Check the box for the pre-approved shingle you wish to use or complete the Other section.

CertainTeed

CT-20 Approved Colors	XT-25 Approved Colors	LANDMARK Approved Colors
<input type="checkbox"/> Dove Gray <input type="checkbox"/> Silver Lining <input type="checkbox"/> Cinnamon Frost <input type="checkbox"/> Gray Frost <input type="checkbox"/> Weathered Wood <input type="checkbox"/> Heather Blend <input type="checkbox"/> Oakwood <input type="checkbox"/> Slate Gray <input type="checkbox"/> Forest Gray <input type="checkbox"/> Nickel Gray <input type="checkbox"/> Moire Black <input type="checkbox"/> Black	<input type="checkbox"/> Dove Gray <input type="checkbox"/> Silver Lining <input type="checkbox"/> Cinnamon Frost <input type="checkbox"/> Gray Frost <input type="checkbox"/> Weathered Wood <input type="checkbox"/> Heather Blend <input type="checkbox"/> Oakwood <input type="checkbox"/> Slate Gray <input type="checkbox"/> Forest Gray <input type="checkbox"/> Nickel Gray <input type="checkbox"/> Moire Black <input type="checkbox"/> Black	<input type="checkbox"/> Cobblestone Gray <input type="checkbox"/> Georgetown Gray <input type="checkbox"/> Colonial Slate <input type="checkbox"/> Driftwood <input type="checkbox"/> Pewter <input type="checkbox"/> Moire Black <input type="checkbox"/> Charcoal Black

*OTHER FAMILIES OF CERTAINTEED SHINGLES ARE NOT APPROVED, INCLUDING: MaxDef, Landmark SOLARIS

GAF

Timberline HD Approved Colors	Timberline Natural Shadow Approved Colors	MARQUIS Approved Colors	Royal Sovereign Approved Colors
<input type="checkbox"/> Fox Hollow Gray <input type="checkbox"/> Barkwood <input type="checkbox"/> Charcoal <input type="checkbox"/> Hickory <input type="checkbox"/> Mission Brown <input type="checkbox"/> Oyster Gray <input type="checkbox"/> Pewter Gray <input type="checkbox"/> Slate <input type="checkbox"/> Weathered Wood <input type="checkbox"/> Shakewood	<input type="checkbox"/> Barkwood <input type="checkbox"/> Charcoal <input type="checkbox"/> Hickory <input type="checkbox"/> Pewter Gray <input type="checkbox"/> Shakewood <input type="checkbox"/> Slate <input type="checkbox"/> Weathered Wood	<input type="checkbox"/> Autumn Brown <input type="checkbox"/> Golden Cedar <input type="checkbox"/> Slate <input type="checkbox"/> Charcoal <input type="checkbox"/> Silver Lining <input type="checkbox"/> Weathered Gray	<input type="checkbox"/> Autumn Brown <input type="checkbox"/> Golden Cedar <input type="checkbox"/> Slate <input type="checkbox"/> Charcoal <input type="checkbox"/> Silver Lining <input type="checkbox"/> Weathered Gray

*OTHER FAMILIES OF GAF SHINGLES ARE NOT APPROVED, INCLUDING: Timberline Ultra HD, Timberline American Harvest

Other

Specify all of the following:

BRAND _____ FAMILY/LINE _____ NAME (COLOR) _____

MATERIAL _____

STYLE

3 TAB BROCHURE INCLUDED (REQUIRED)

Architectural

Other _____

Note: All shingles must be fiberglass asphalt and of the same size as used throughout the community.

Other Required Information

COLOR OF NEIGHBORS ROOF	ATTIC FAN	RIDGE VENT
LEFT _____ RIGHT _____	*MUST BE ON THE REAR, NOT VISABLE FROM FRONT DIAMETER _____ HEIGHT _____ COLOR _____ *MUST INCLUDE BROCHURE	<input type="checkbox"/> RIDGE VENT

Additional notes/comments for the Architectural Committee: Association Office Use Only:

Dates: Received: _____ Checklist Signed and Attached: _____

Application for Architectural Review Checklist

Before you submit your application, please read and *initial* below:

- ___ The work will be completed in compliance with the Architectural and Maintenance Guidelines.
- ___ I understand that applications that are incomplete or do not provide detailed specifications (examples of needed information are on the application and are described more fully in Section III.G.2) will be denied for lack of information and returned to me.
- ___ A copy of the relevant Guidelines checklist must be initialed and submitted with the application. Please contact the Association office if you do not have access to the internet or need help determining the relevant Guideline.
- ___ I understand that prior written approval is required before any work is started. I understand that if I begin work before the application is approved, if I purchase materials before the application is approved, or if I sign contracts before the work is approved, it is possible that the proposed work/materials may not be approved by the Architecture Committee.
- ___ I understand that it is my responsibility to ensure that the proposed work is in compliance with all governmental permits and codes and appropriate for use, and that I may not rely upon approval of the Association for this purpose.
- ___ The work will be completed using the specifications in my application. If it is not, I understand that the work will be cited as an Unapproved Exterior Modification and is subject to removal or substantial reconstruction at my expense. An Unapproved Exterior Modification is also subject to action as specified in Section VI.
- ___ If you have not completed the work and more than one (1) year has elapsed since the date of the approval, you must submit an additional Application for Architectural Review. After one year the approval for the application will expire if the work has not been completed.

Signature of Homeowner

Date