

CREEKSHIRE ACC PROJECT APPROVAL

Roofing Materials

DATE OF REQUEST: _____

OWNER INFORMATION

NAME _____
ADDRESS _____
CITY/STATE _____
HOME PHONE _____
CELL PHONE _____
EMAIL ADDRESS _____

Roof Shingles

SHINGLE TYPE: _____

COLOR DESCRIPTION: _____

COLOR NAME: _____

LIKE COLOR IN NEIGHBORHOOD ALREADY? Yes No

IF YES THEN WHERE? _____

Asphalt shingles can be plain or architectural in design.
Cedar shakes are not allowed. Clay or tile shingles are not allowed.
Slate shingles are not allowed.
Solar panels are not accepted at the present time.

ACC RECORD MANAGEMENT:

DATE & TIME APPLICATION RECEIVED _____

APPLICATION COMPLETED IN FULL PAINT /STAIN SAMPLES RECEIVED

DATE OF ACC RESPONSE: _____

APPLICATION STATUS: APPROVED AS IS
APPROVED WITH CHANGES
DENIED

NOTED CHANGES NEEDED: _____

ACC MEMBERS APPROVING: _____

DATE OF OWNER NOTIFICATION: _____