

ROOF REPLACEMENT APPLICATION

SKYFIRE HOMEOWNERS' ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE
STRUCTURAL REVIEW COMMITTEE

Instructions: Please read the instructions carefully in order to avoid unnecessary delay in processing your application. Complete the information requested below using an ink pen and submit this application to the Structural Review Committee for review. Thank you for your cooperation.

NOTE: Approval must be granted before the project begins. No application will be reviewed without complete information. Application should be submitted a minimum of 15 days prior to start of project.

1. Name: _____ Div. _____ Lot _____

Address: _____

Phone: Home _____ Work _____

Address of proposed work: _____

2. **PRE-APPROVED MATERIALS:** The following list of roofing materials have been pre-approved by the Structural Review Committee and meet the required design elements. Choosing from this list is preferred, but not required.

<input type="checkbox"/>	CERTAINEED LANDMARK TL	<input type="checkbox"/>	GAF GRAND SEQUOIA
<input type="checkbox"/>	CERTAINEED PRESIDENTIAL TL	<input type="checkbox"/>	GAF GRAND CANYON
<input type="checkbox"/>	OWENS CORNING WOODCREST	<input type="checkbox"/>	PABCO PARAMOUNT
<input type="checkbox"/>	OWENS CORNING WOODMOOR		
COLOR: _____			
Color is to be complimentary & harmonious to proposed home and the Skyfire neighborhood			

3. **NON-PREAPPROVED MATERIALS:** If not selecting a roofing material from the pre-approved list (item 2), please select a material that meets or exceeds the following specifications:

- Minimum weight for composition shingle: 340 lbs/square for Triple Laminate or 360 lbs. for all other composition shingles.
- Material color to be complimentary and harmonious to home and the Skyfire neighborhood
- Quality to be of "Architectural Style".

Provide the following information about your roofing choice with your application for non-preapproved material:

- Manufacturer: _____
- Style: _____
- Weight: _____
- Color Brochure with product specifications (including weight)
- Material "Sample Board" or a minimum of 3 sample sheets of your selected material

NOTE: Meeting the requirements of the non-preapproved material does not guarantee approval. Each submission will be evaluated for color, texture, harmony and continuity in the Skyfire neighborhood.

4. **START DATE:** Anticipated start date of re-roofing project: _____

Note: Application approval is good for 6-months following the date of approval, provided that no change in roofing material selection is made.

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5. ACKNOWLEDGEMENT OF ADJACENT PROPERTY OWNERS:

Because they are adjacent and/or have a view of your proposed roof, your neighbors deserve to be informed of your intentions. Their signatures do not indicate approval or disapproval, only that they are aware of the project.

Note to Adjacent Property Owners: If you have any concerns with this application, please notify the SRC in writing (Skyfire HOA, PO Box 3248, Renton, WA. 98056) within seven days of your signature date.

Name: _____ Date _____ Div. _____ Lot _____
 Name: _____ Date _____ Div. _____ Lot _____
 Name: _____ Date _____ Div. _____ Lot _____
 Name: _____ Date _____ Div. _____ Lot _____

6. ACKNOWLEDGEMENT OF APPLICANT

- I understand that construction of certain major projects requires that I obtain a King County building permit. Approval of a project by the SRC does not affect or alter that requirement.
- I understand that any re-roofing activity taken prior to SRC approval is not allowed and that if roofing material is used other than that specified on the application I may be required to replace the non-approved material, at my own expense, and that I may be required to pay all legal expenses incurred if legal action becomes necessary.
- I understand that members of the Structural Review Committee (SRC) are permitted to enter on my property to make reasonable inspection of proposed re-roofing materials and construction quality.
- It is understood that I am aware of the Covenants, Conditions and Restrictions and Architectural Controls with regard to the review process.
- The authority to re-roof your house, granted by this application, will be revoked automatically if the roofing replacement project requested has not commenced within six months of this application. Additionally, once started the roofing project is to be completed within two-weeks of the start date.
- I understand that any approval is contingent upon construction or alterations being completed in a workman-like manner.
- I understand that if I disagree with the SRC ruling, an appeals procedure is provided directly through the Board of Directors.
- I have read and agree to the instructions and conditions required for consideration of this application.

Signature of Applicant: _____ Date: _____

FOR SRC USE ONLY

Application rec'd by: _____ Date: _____

____ Approved ____ Disapproved Date: _____

Conditions of Approval: _____

Initials of SRC Members: Approve: _____ Disapprove: _____