

**LAKE CHARLESTON MAINTENANCE ASSOCIATION**

**MASTER ASSOCIATION DESIGN REVIEW BOARD APPLICATION:**

**Roofing**

<b>Date Submitted:</b>
<b>Received by:</b>

DATE: \_\_\_\_\_ Phone: \_\_\_\_\_ HOME OWNER NAME: \_\_\_\_\_

DRB for:  Repair  Replacement  Addition ADDRESS: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

**Please note: Choice of tile must be from Subdivision Roofing Chart. At this time only concrete or clay roof tiles are permitted.**

<b>Choose one:</b> <input type="checkbox"/> Contractor is doing installation <input type="checkbox"/> Homeowner is doing installation
<b>Roof Chart Group #</b> _____ <b>Brand:</b> _____ <b>Tile Name/Number:</b> _____ <input type="checkbox"/> Single Tile Blend <input type="checkbox"/> Single Color <input type="checkbox"/> Multiple Tile Blend
<b>Type:</b> <input type="checkbox"/> Barrel (single row) <input type="checkbox"/> S-type (Double roll) <input type="checkbox"/> Flat

<b>Initial to ensure that you have attached:</b> ____ Proof of Contractors License and Insurance (Workers Comp & Liability with your name & address as certificate holder) ____ Printed color photos of full front of home as well as roof/fascia. ____ Printed color photos of roof tiles from vendor's website that shows specifications ____ \$250 refundable deposit. Checks made payable to LCMA.
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**APPROVALS ARE GIVEN BY THE DESIGN REVIEW BOARD (DRB) AND ARE NECESSARY PRIOR TO WORK COMMENCEMENT!**  
**The DRB must provide a decision within 30 days of date stamped on this application and the project must be completed within 120 days of it. I hereby certify that this application is in accordance with the current LCMA Rules and Regulations (R&R) with all requirements attached to this application and consent is given to LCMA employees to access property regarding this application.**

**Your check is deposited upon submission and will be returned within 30 days after final inspection provided that:**  
**1. LCMA office is notified that your project is completed.**  
**2. Compliance Officer has inspected project for compliance.**  
**3. There is no damage to common property.**

Homeowner signature X \_\_\_\_\_ DATE: \_\_\_\_\_

Homeowner signature X \_\_\_\_\_ DATE: \_\_\_\_\_

**LCMA STAFF ONLY do not mark beneath this line**

<input type="checkbox"/> APPROVED as submitted.
<input type="checkbox"/> APPROVED subject to: _____
<input type="checkbox"/> DISAPPROVED because it does not conform to the aesthetics of the Sub-Division and/or Community as per Article X Section 2.
<input type="checkbox"/> DISAPPROVED because it does not conform to the Rules and Regulations and/or Covenant Restrictions: _____
<input type="checkbox"/> INCOMPLETE - Please resubmit and include the following information:

**REVIEWED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_