

Deer Creek Villas Homeowner's Association
Email. jamesrstory@gmail.com
Jim Story ARB Chair 954.464.5640 Mobile

ARCHITECTUAL CHANGE REQUEST
FOR RE-ROOFING

To: ARB Chair of the Deer Creek Villas Homeowner's Association

From: Name _____

Address: _____

Building No: _____ Contractor Name: _____ Unit No. _____

Home/Mobile Phone: _____ email address: _____

Please fill out this form to re-roof your home. It will enable us to give you an approval letter so your contractor will receive a building permit to begin work.

AS OF MARCH 11TH, 2021 THE BOARD OF DIRECTORS FROM DEER CREEK REQUIRE A COPY
OF YOUR ROOFING CONTRACTOR'S VALID

LICENSE AND A COPY OF THEIR CURRENT VALID CERTIFICATE OF
INSURANCE TO BE RETURNED WITH THIS FORM.

IN THE EVENT THAT YOUR UNIT IS THE FIRST TO BE RE-ROOFED
YOU CAN CHOOSE FROM THE FOLLOWING APPROVED ROOF TILES

IF YOUR NEIGHBOR HAS REROOFED YOU SHOULD HAVE RECEIVED A LETTER TELLING YOU
THE APPROVED ROOF TILE FOR YOUR BUILDING.

APPROVED ROOF TILE

BORAL **ESTATES** **GOLD DUST**

BORAL **VILLA** **GOLD DUST**

Please choose one. Samples available upon request

Homeowner Affidavit: I agree to abide by all city and county regulations, give proper notification to same authorities, and obtain proper permits as required. I also agree to be responsible for any and all damages that occur as a result to the above improvement ; whether it be to my own property, my neighbor's property, or common association property. All flashing, drip edges, fascia and vents must be painted the trim color;

Homeowner Signature: _____

Homeowner Signature: _____

Note: Approval is good for ninety days from receipt of building permit. Which must be applied for within (3) weeks of Board approval. An extension can be applied for.

Date: _____

Date: _____

Approved: _____

Denied: _____

Approved with following Modification: - _____
