

TOWER LAKES CONDO ASSOCIATION

Board of Trustees

Procedural Policy: 2019-04

Subject: Tower Lakes Roof Replacement Approval Form

Date: 11/12/2019

Effective Date:11/12/2019

Revision Date:11/12/2019

Reference:

Authority: Brad Holsten President, Board of Trustees

The following requirements must be agreed to for roof replacements: Initial Below

Shingles: Owens Corning Oakridge Driftwood dimensional shingles are required. _____

Valleys: California cut valleys (no metal valleys) are required _____

Aluminum Color: Tera tone Bronze color drip edge, gutter, and downspout is required (from ABC Supply). _____

Old Roof: Complete roof tear-off with replacement of all damaged sheeting is required. _____

Insurance: Contractors proof of insurance is required. _____

Shingle Underlayment: Ice Guard underlayment on entire roof under shingles is recommended in lieu of felt

Contractors: See Tower Lakes Service Provider List for recommendations

Building Number: _____

Building Street Addresses: _____

Contractor: _____

Building Representative: _____

Date: _____

Board Member Approval: _____

Date: _____