



Carriage Hill 7-9 Homes Association, Inc.

Approval Confirmation

Homeowner's Name _____

Address _____

Phone Number _____

Description of Home Improvement (Attach plans, spec., or paint chip)

Roof replacement or repair confirmation

Date work is to begin _____

Name of Contractor _____

Telephone Number _____

Type of Material to be used
(check one)

Wood shake or wood shingle
Architectural composition shingle
(30 year or more, color similar to Weathered
Wood by Timberline).

If composition shingle is to be used please fill in the following information

Manufacturer of Material _____

Color of Material _____

Life of Material (i.e. 30, 40 year, etc.) _____

Signature of Homeowner _____ Date _____

Approval Signature of President of Homeowner Assoc. or Architectural committee member

Turn in form to any Board Member for approval