

GARDEN LAKES COMPONENT ROOF REPLACEMENT APPLICATION

NAME OF UNIT OWNER _____

ADDRESS _____

NAME OF ROOFING COMPANY _____

ADDRESS AND PHONE NUMBER _____

CONTACT PERSON AT ROOFING COMPANY _____

THE SPECIFICATIONS FOR ROOF REPLACEMENT ARE LISTED BELOW:
MATERIALS TO BE USED, INCLUDING TILE COLOR, VENTS AND SIZE (IF ANY ARE
TO BE INSTALLED) BORDER MATERIAL AND OTHER APPLICABLE INFORMATION.

THIS APPLICATION MUST BE SUBMITTED TO THE COMPONENT ARCHITECTURAL
REVIEW COMMITTEE AND APPROVED PRIOR TO APPLYING FOR A MANATEE
COUNTY PERMIT.

ARC MEETING DATE _____

COMMITTEE MEMBERS IN ATTENDANCE _____

RETURN TO:

**CAMS by Stacia, Inc.
1990 Main Street, Suite 750, Sarasota, FL 34236**