

BEXLEY WEST

ARCHITECTURAL CONTROL COMMITTEE

APPLICATION FOR HOME IMPROVEMENT APPROVAL - ROOFING

Property Address: _____

Property Owner: _____

Mailing Address: _____

Telephone number: Home _____ Work _____ Cell _____

Fax _____

Improvement Project: **New Roof**

Construction Schedule: Begin date: _____ End date: _____

ROOFING MATERIAL SPECIFICATIONS: *See Bexley West Website for current materials.

MATERIAL TYPE (i.e. cedar shake, slate, 3-dimensional asphalt)*: _____

MANUFACTURER (i.e. CertainTeed, GAF, Owens Corning): _____

SHINGLE NAME (i.e. Camelot, Grand Manor, Country Mansion): _____

SHINGLE COLOR: _____

Homeowner Signature: _____ Date: _____

DO NOT SIGN BELOW, THIS AREA IS FOR ACC USE ONLY

Date Application Received: _____ By (ACC member): _____

Application is:

☐ Approved as submitted

☐ Not Approved

☐ Approved with changes indicated

☐ Preliminary Review -

☐ Additional information is required prior to completing the review process.*

*Please provide the ACC with the following so that we may complete the review of your project:

Signature: _____ Date: _____

(For the Architectural Control Committee)

Approval is limited to design criteria established by the Architectural Control Committee and should not be interpreted as approval of any variation from restrictions or conditions imposed on the property owner by the Bexley West Covenants or Chesterfield County. Approval of this roofing application does not necessarily imply compliance with county zoning requirements.