

DEL TIERRA HOMEOWNERS' ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE ROOF APPLICATION (Revised 10/2024)

This request form is to be completed by the homeowner and submitted to the Manager for approval by the ARC **BEFORE** any work commences.

Please refer to your Declaration of Covenants, Conditions and Restrictions and the ARC Guidelines to ensure you are complying with the standards of the community.

Pursuant to Section 2.5 of the Del Tierra ARC Guidelines the reviewing body has 60 days to review this application. Pursuant to Section 2.6.1 of the Del Tierra ARC Guidelines this document once approved is only valid for 120 Days.

Please return the completed form with required images or documentation to:

The Property Manager Office at the Clubhouse Pavilion during regular business hours. You may also mail, email as pdf to:

Del Tierra HOA C/o
Logan Pizano, CAM
15521 High Bell Place
Bradenton, FL 34212
Phone 941-744-9009
lpizano@cscmsi.com

THIS SECTION TO BE COMPLETED BY HOMEOWNER

NAME: _____

PROPERTY ADDRESS: _____

PHONE: _____ **EMAIL:** _____

ROOF REPLACEMENT

_____ SHINGLE ROOF

Please check the color of the shingles

_____ Weatherwood _____ Driftwood _____ Cedar Falls _____ OTHER (Name _____)

_____ Williamsburg Gray _____ Pewter _____ Nantucket Morning

_____ METAL ROOF

Please check the color of the panels and provide name of the color

___ Light Brown - Name of Color _____

___ Dark Brown - Name of Color _____

___ Light Gray -Name of Color _____

___ Dark Gray - Name of Color _____

All requests must conform to all local zoning and building regulations and you must obtain all necessary permits if the ARC approves your request.

OWNER SIGNATURE: _____

SECTION TO BE COMPLETED BY MANAGEMENT DATE

RECEIVED: _____

Date Approved: _____

Date Denied: _____

PROPERTY MANAGER OR BOARD MEMBER'S
SIGNATURE: _____

COMMENTS OR
CONDITIONS: _____
