

Cloverplace Condominium Association, Inc.
Association Data Management
Frankly Coastal Property Management, LLC.
1400 Lake Tarpon Avenue
Tarpon Springs, FL 34689
Ph: 727-799-0031

Architectural Change Form – Roof Replacement Request

NOTICE: Contractor must obtain a permit from Pinellas County Permitting before work commences. The entire roof is common area and requires that both sides replace roofs at the same time. This form must be initiated and signed by both unit owners. Any questions or disputes will be addressed by the Architectural Change Committee.

ROOF Shingles are GAF Royal Sovereign 3 Tab.
White Brick Homes Name: "White" (Grayish in Color)
Gray Brick Homes Name: "White" (Grayish in Color)
Red Brick Homes Name: "Golden Cedar"
Available at Eagle Supply (727) 938-2886 and Home Depot
Both vendors have reputable roofers that they may recommend.

NO SUBSTITUTIONS!

A) Owners Name: _____
Street Address: _____
Phone: _____ Email: _____

B) Owners Name: _____
Street Address: _____
Phone: _____ Email: _____

Name of Contractor: _____ Phone: _____

Affidavit

I have read the covenants and restrictions of my association and agree to abide by such covenants and restrictions. No work will be started without association approval.

Signature of Owner A Date

Signature of Owner B Date

----- To be completed by the Architectural Committee and Association Manager -----

ACC and Community Association Manager: Approved Denied

Additional Information Needed:

(Return this form to the above stated address)