

CANONGATE VILLAGE
Architectural Control Committee

Change of roof and gutter color request

Directions – Please **PRINT** clearly. Complete each section of this form, sign and date the form.

Homeowner Name : _____ Date : _____

Street Address : _____ Phone : _____

Email : _____ Alt. Phone : _____

Section 1

- Please use this Request Form only for changing the color of your current roof shingles and gutters.
- Approval of this request will extend to include accessory buildings currently on your lot as it required that the roof shingles and gutters on any accessory building match your house.
- Include one picture of your house that clearly shows the current roof and gutter colors.
- Include a picture of the new roof shingle color, (pamphlet picture is acceptable).
- Include the color name and picture of the gutter color, (pamphlet picture is acceptable).

List the CURRENT COLOR(S) and material composition of your primary home.

House color: _____ Trim/Shutter color: _____

Exterior Composition (stucco / siding / brick, etc.): _____

Garage Door color: _____

Roof shingle color: _____ Gutter color: _____

Roof Material: Architectural Shingle 3-tab Shingle

List the **NEW COLOR(S)** of the:

Roof shingle: _____ Manufacturer _____

Roof Material: Architectural Shingle 3-tab Shingle

Gutters: _____

Who Will Work On This Improvement?

Homeowner

Licensed Contractor: Name _____
Phone _____

Section 3

Your application is complete if you have completed the following in details: (please initial)

- _____ Attached a single digital photo of your roof and gutters.
- _____ Attached a sample of the new color to be used for both the roof shingles and gutters. Any changes in the original color submission must be resubmitted to the ACC for approval.
- _____ Signed the application form.

Section 4

Acknowledgement:

In an effort to provide and protect each individual homeowner's right and values, it is required that any homeowner or group of homeowners considering improvement (examples retaining walls, additions, out buildings, decks, patios, etc.) on their deeded property other than landscaping, submit a request for home improvement approval to the Architectural Control Committee for approval by the Homeowners Association **PRIOR** to initiating work on planned improvements.

I understand that after this request is approved, if any changes are wanted or needed, a change request form must be submitted for further approval, prior to making the requested change.

I understand that if any changes made that have not been approved, the ACC has the right to ask me, the homeowner, to remove the improvement from the property. I understand that the ACC will act on this request as quickly as possible and contact me in writing regarding their decision. I further understand that no interim updates and status will be given on my application. I AGREE NOT TO BEGIN PROPERTY IMPROVEMENT(S) UNTIL THE ARCHITECTURAL CONTROL COMMITTEE NOTIFIES ME OF THEIR DECISION.

Homeowner Signature: _____ Date: _____

RETURN REQUEST FORM TO:

SHARON KADLICK,
ACC CHAIRPERSON
Email: KADDYGSC@NUMAIL.ORG Phone: 678-633-9888

For Association Use Only

Date Received	Date Reviewed	Notice of Receipt Letter Sent
Date Notice of Approval Sent	Date Notice of Denial Sent	Date Notice for Request of Additional Information Sent
Date Notice of Meeting Request Sent	ACC Meeting Date	Homeowner Meeting Date
Comments or Contingencies		
Follow-up Notes		
ACC Chair Signature		