



ARROWHEAD WOODS ARCHITECTURAL COMMITTEE

Post Office Box 2026 • Lake Arrowhead, CA. 92352

(909) 336-2755 – (909) 336-1016 – FAX

www.awac.biz

APPLICATION for ROOF

Property Owner _____ Lot # _____ Tract # _____
 Mailing Address _____ Site Address _____

 City, State, Zip _____ Contractor Name _____
 Phone # _____ License # _____
 Fax # _____ Phone # _____
 Email _____ Mailing Address _____

Application for Roof (must include a color picture of the house)

Submit with Application Fee

Roofing material, brand and color must be submitted to AWAC for approval prior to re-roofing. All roofing materials must meet Class A fire rating standards. Tile, slate, metal and other materials are considered on an individual basis. *Please provide a small sample of the roofing material. During the review process you may be asked to provide a larger sample of colors and/or materials.*

Brand Name _____ Fire Rating _____
 Color or trade name of material _____

Project must be completed within six (6) months of the AWAC approval date. If the project is not completed within the six (6) months, owner must re-apply for approval and pay all applicable fees. A reasonable fine may also be imposed by AWAC for breach of any of the terms and conditions of this Agreement as long as Applicant is given at least fifteen (15) days prior written notice of (I) hearing date set for consideration by AWAC of imposing such a reasonable fine and (II) the reasons therefore. Applicant may appear at said hearing and defend himself against the matters resulting in the notice of hearing.

OWNER OR OWNERS REPRESENTATIVE: I certify that I am the owner or the owners representative and have authority to execute this Application. I hereby acknowledge that I have read, understood and agree to be bound by the terms of this Application.

Signature _____ Date _____

FOR OFFICE USE ONLY - Please return both copies. Upon approval, a copy will be sent to you.

APPROVED BY _____ DATE _____
(Valid six (6) months from approval date)