Eagles Nest POA Roof Replacement Application

Please complete requested information below and return completed form to the Eagles Nest Architect Review Board (ARB) at the email address included below. Any questions related to this form and/or process can also be directed to the below email address.

Owner Information

Owner's Name	
EN Unit #	
Phone Number	
Email Address	
Shared Roof Owner (SRO) & Unit #	
SRO Agreement (Yes or No)	

Roofing Material/Specs

1" Standing Seam (Titan-Loc 100 or Dura-Lock 100)	
26 Guage (Yes or No)	
16" Panel Width (Yes or No)	
Color: Light Gray (Yes or No)	
Removing Dormers (Yes or No)	
Projected Date of Completion (MM/DD/YY)	

Signature

Owner Signature	
Date (MM/DD/YY)	

Please email this form to bobsmith27@outlook.com.

---------- For ARB Use ----------

ARB Approval

Date Received	
Approved (Yes or No)	
Board Member Name & Title	
Signature	
Date (MM/DD/YY)	
Date Returned to Owner	

Completed Installation Inspection

Date Inspected	
Approved (Yes or No)	
Board Member Name & Title	
Signature	
Date (MM/DD/YY)	