

Lindenwood Homeowners Association Roof Material Assessment Form

Name(s) of Applicant (s): _____

Address of Applicant (s): _____

Cell Phone: _____ Work Phone (if applicable): _____

Product Name and/or Series _____ Warranty _____

Roof sample type submitted: (Manufacturer _____)

- Asphalt
- Wood
- Metal
- Composite (Material content _____)
- Concrete
- Clay
- Other

Brochure submitted with sample? _____ Yes ___ No

Material Color name(s) submitted:

Color Name _____ No. _____

Color Name _____ No. _____

Color Name _____ No. _____

Material Form/Color/Texture:

Is the material sample submitted consistent with the character and architectural style of Lindenwood by the following criteria? Yes ___ No ___

Color is silver to gray Yes ___ No ___

Tones are similar to hand-split or sawn wood shingles. Yes ___ No ___

Material has tonal variation, with darks and lights. Yes ___ No ___

Material size/shape similar to hand-split or sawn wood shingles. Yes ___ No ___

Material texture is similar to hand-split or sawn wood shingles. Yes ___ No ___

Comments:

Address(es) of properties for this submittal reviewed by Committee (if applicable):

Approved material sample(s):

Color Name _____ No.

Color Name _____ No.

Color Name _____ No.

Date approved by committee: _____

Committee Members Signatures and Dates:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____