



**CRESCENT ACC
REQUEST FOR REROOFING**

DATE SUBMITTED _____

DATE APPROVED _____

DATE COMPLETED _____

Owner _____ Builder _____

Lot # _____ Address _____

Address _____

_____ Telephone No. _____

Telephone No. _____ Emergency Tel. No. _____

E-mail Address: _____ E-mail Address: _____

The undersigned property owner (or owner's representative) hereby requests CACC approval to reroof the residential structure at the above legal address.

EXISTING ROOFING: (Check one and complete)
_____ Asphalt/Fiberglass Shingles
_____ Other (Describe) _____

Color: _____

PROPOSED ROOFING: (Check one and complete)
_____ Asphalt/Fiberglass Shingles
Color: _____
Weight/square pound _____
_____ Other (Describe) _____

I have attached a sample of the intended roofing material where indicated by an asterisk (*) above.

Refundable Compliance Deposit is \$500

Submitted by: _____
(Signature)

Phone No. _____

Contact Marcel Sarrasin at mgsarr@gmail.com or visit the website <http://www.thecrescent.us/Covenants.html> if any questions.
