## Shadow Mountain Homeowners Association, Inc. P. O. Box 471234 / Tulsa OK 74147

HOMEOWNER REQUEST FOR

# APPROVAL AND VARIANCE

#### **FOR**

#### ALTERNATE ROOF REPLACEMENT MATERIAL

as updated October 2013

### TO: SMHA Building & Design Committee

HOMEOWNER:		
ADDRESS:		
Lot Block Addition	(If readily available)	
PHONE: Home:	Work or Cell	
I have read the Guidelines for Installa installer including provisions of install product warranties. I intend to install		
Manufacturer		
Product Name		
Product Series (Type of Shingle)		
Color (Shall conform to shake or wea	thered wood color)	
Warranty Period (Lifetime Required)	)	
Note: Shingle must be Algae Resista	nt or Stain Resistant for approval.	
Contractor / Installer	· · · · · · · · · · · · · · · · · · ·	
Contractor State License Number _		
Questions and/or Comments		
	<del> </del>	
	tors quote shall accompany this request before variance can be specifications as stated above. Homeowner(s) please sign below.	
Signature:	Signature:	
Date:	Date:	

Contact Steve Mueller, 918-810-7911 (cell), 918-488-8875 (home), Email: steve@shadowmountaintulsa.com Chairman, Building and Design Committee to discuss the SMHA Guidelines, for information on materials, an installer or to process your request. To locate Contractor State License # on website, go to <a href="https://www.ok.gov/cib/roofing\_contractors/">www.ok.gov/cib/roofing\_contractors/</a> then scroll down and search either by owner name or business name.