TOWNES OF PRESTBURY HOMEOWNERS ASSOCIATION ARCHITECTURAL STANDARD COMMITTEE APPLICATION FOR ROOF REPLACEMENTS

Application in hereby made to the Townes of Prestbury Architectural Standards Committee for their review and approval of the attached plans and specifications.

The application is not considered received until it is noted on this form and forwarded to the committee. Note: All information below must be completed or forms will be returned to owners for completion.

Date of Application:			-	
Owners of Property:	Name:			
	Address:			
	Phone No:		_ Cell No:	
	Fax No:		_	
Description of proposed request:		Roof Replacem	ents. Shingles to be used:	
		Series: Landma	c CertainTeed ark Designer red Wood	
This is the only type	of shingle that	can be used on the	e roofs to ensure uniformity.	
Anticipated Start Date	:	Anticipated	Dare of Completion:	
Required Data for init	ial application:	(Consult with a me	ember of the committee)	
		e County as applica bility Insurance. A	ıble. rchitectural Attachment D, Page 27, a	applies.
Prior to commencing Approval Form, Not			e received a copy of the Architectur	al Standards Committee
Office Use:	Application (Complete: YES C	DR NO	
Date received:		By: Ma	ail, Fax, Hand Delivered, other:	
Date Forwarded to Co	mmittee on:		_Must take Action by Date:	
Presented to the Board	Meeting on:		-	
Comments:				
			D 1 . f 2	
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TOWNES OF PRESTBURY HOMEOWNERS ASSOCIATION ARCHITECTURAL STANDARDS COMMITTEE APPLICATION FOR ROOF REPLACEMENTS

Contractors Information: Company Name:				
	Address:			
	Phone Number:			
	Cell Number:			
	FAX Number:			
	Company Contact with I	Contact with Direct Phone Number:		

In consideration of this application and attached forms being made a part thereof, and the issuance of permit. I/We will conform to all covenants, conditions, and restrictions in the declaration recorded relating to the property in this application. I/We also agree that all work performed under said permit will be in accordance with the plans and plot diagram which accompany this application, except for such changes as may be authorized or required by the Townes of Prestbury Architectural Standards Committee.

Signature of Owners

You can email this information to Darlene at <u>dbaltazar@langpropertymanagement.com</u> or fax to 630-725-9900 for faster service.

Attachment A

CONTRACTORS CERTIFICATE OF LIABILITY INSURANCE

		General Liability
Minimum Insurance Limits	\$1,000,000	
	Damage to Renter	500,000
(Any 1 Person)	Medical Expenses	5,000
	Personal Injury	1,000,000
	General Aggregate	2,000,000
	Product Liability	2,000,000
	Auto Liability	1,000,000
Workman's Compensation	Each Accident	500,000
	Disease – Each Emp.	500,000
	Disease – Policy	500,000

The Certificate of Contractor's Insurance must show the following as Co-Insured/ Interested Party:

Townes of Prestbury C/O Lang Property Management 5001 Lincoln Avenue Lisle, IL 60532

Attachment A

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