THE RIVER HOMEOWNERS ASSOCIATION, INC.
C/O Harbour Management of South Fl
641 University Blvd. Jupiter, FL 33458
561-935-9366, theriverhoa@harborfla.com
River Office # 561-743-0141

ARCHITECTURAL CONTROL COMMITTEE
ASPHALT SHINGLE ROOF REPLACEMENT APPLICATION

Name:_____ Telephone #:_____

Address of River Home:_____ Email:_____

Roof Replacement Specifications: **Shall be with GAF/ Timberline/Shakewood. Installation shall include all new copper: flashings; vent covers; 2X2 drip edges; and valleys.** Must be built to current codes.

Your front yard and existing structure walls, house, driveway and walks must be protected from construction. Common areas and neighboring properties may not be used during construction.

A. House walls, gates and perimeter walls may be removed, but must be restored to original plan and material, upon completion of improvement.

B. Lawn and landscape must be protected and/or replaced to original by owner, including irrigation.

C. Material and heavy equipment cannot be left overnight on the street, front lawn or driveway, unless permission is obtained in advance from the Association. The site must be cleared daily.

D. Any damage must be repaired. This is the homeowner's responsibility. The homeowner should protect himself by making this part of the contract with the contractor.

E. Refuse containers are permitted only according to the Town of Jupiter Code.

F. The owner is responsible for assuring that all work complies with applicable building codes and permits. Please contact the Town of Jupiter to verify that proper permits have been obtained. The Town may levy fines on the homeowner, if permits have not been obtained.

G. This approval does not extend to any encroachment or restriction which is in violation of the Association Documents, or any other violation of the Documents.

H. Improvements shall be completed within twelve months of commencement.

I. Contractor's signs are prohibited to be placed on the house, lot and/or common area.

J. Unrelated alterations must be submitted on separate applications.

Date Received

I have read the above and understand my responsibilities.

Homeowner Signature: X_____

Name of Contractor:_____ License #:_____

Phone: _____ Email _____

Special Requirements/Notations from ACC _____