

LUDLOW MAINTENANCE COMMISSION
Architectural Control Committee
Post Office Box 65060
Port Ludlow, WA 98365

PROPERTY OWNER'S REQUEST FORM
ROOFING
(REGULATION II, ARTICLE II, PARAGRAPH 11)

Owner's Name _____

Mailing Address _____

Phone: _____ E-mail: _____

Property Description: Port Ludlow No.: _____ Area No.: _____ Lot No.: _____

Street Address: _____

Please describe your new roof: Material: _____

Life Expectancy
(no less than 40 years): _____

Color: _____

Pitch: _____

Contractor's Name: _____ Phone: _____

Estimated Completion Date: _____

The owner or builder shall not install the roofing until ACC verification has been received or until one week has passed without ACC inspection (Regulation II, Article III, Paragraph 10). If this application is approved, the owner or builder will notify the ACC of when the roofing materials are on site and ready for installation. The ACC will inspect and verify compliance with the application within one week of receipt of notification. WORK HOURS – 8:00a.m. to 6:00p.m.

Signed (Owner) _____ Date: _____

Approved (ACC) _____ Date: _____

Denied (ACC) _____ Date: _____

Reason (ACC) _____