

TOWER LAKES CONDO ASSOCIATION

Board of Trustees

Procedural Policy: 2019-04
Subject: Tower Lakes Roof Replacement
Date: 11/12/2019
Effective Date: 11/12/2019
Revision Date: 5/4/2023
Reference: Tower Lakes Roof Replacement Approval Form
Authority: Brad Holtzman, President, Board of Trustees

The following requirements must be agreed to for roof replacements: Initial Below:

- 1. Shingle: Owens Corning Oakridge Driftwood dimensional Shingles. _____
(Alternative). Certainteed Land Mark Weathered Wood. _____
- 2. Valleys: "California Cut" valleys (no metal valleys) are required. _____
- 3. Aluminum Color "Tera-tone bronze color drip edge, gutter, and _____
downspout is required. (ABC Supply).
- 4. Old Roof: Complete roof tear off with replacement of any damaged _____
sheeting is recommended. Maximum of 2 layers allowed.
- 5. Shingle Underlayment: Ice Guard underlayment is required on all _____
roof edges and valleys, synthetic underlayment on the rest of the roof.
- 6. Insurance: Contractors proof of insurance is required. _____
- 7. Contractor: Is registered with the City of Mansfield (required). _____
- 8. Installation: Per Manufacturer's recommendations. _____

Building Number: _____ Street address: _____

Contractor: _____

Contractor Signature: _____ Date: _____

Building Representative: _____ Date: _____

Board Member Approval: _____ Date: _____