Pine Trace at Binks Forest
c/o AKAM
12765 Forest Hill Blvd; Suite 1320
Wellington, FL 33414
Phone (561) 983-6000
Email: pinetrace@akam.com

ARCHITECTURAL REVIEW COMMITTEE
Request for Modification

Property Owner (Applicant):

Property Address:

Phone Number:

Approval is hereby requested to install **Roofing Tiles** as described and depicted on the attached pages. Please include the following information:

- Outline of Materials and Colors to be Used
- A Picture of the Tile Against the Homes Paint Scheme
- A Graphic Description of the End Product
- Copies of the Contractors Liability and Workman's Comp Insurance

Roofing Guidelines

- Roof colors shall be an integral part of the exterior color scheme of the building.
- No change in color or existing roofing material shall be permitted without the approval of the ARC. Roofing material must either be cement tile, clay tile or stone coated galvanized steel panel. Wood shake, asphalt or fiberglass shingles shall not be allowed.
- Metal roofs are specifically required to be galvanized standing seam metal roofs, which must meet the color, characteristics, and specifications approved by the Committee.
- Roof shapes, styles, design and materials shall match the existing roof. All roof pitches shall be a minimum of 5:12 ratio.

Pine Trace  Wellington

at Binks Forest Florida

We hereby make application to the Architecture Review Committee for the above item to be approved in writing by the Committee.

We understand that approval of our request must be granted before we begin the improvement or modification. We also acknowledge that we could be forced to have any improvement or modification removed if it is installed without approval. We also understand that our request may be delayed if insufficient information is included in our request.

_____ Date: _____

Signature of Applicant

_____ Date: _____

Signature of Applicant

We understand that review by the Committee is for appearance only and does not imply nor advert the necessity for approval by any appropriate governmental authorities.

Committee Decision

Approve: _____

Disapprove: _____

_____ Date: _____

Signature of Committee Member