

# Architectural Permit Request – New Roof

Page 1 of 2

**Please allow up to 30 days from submission for permit approval.\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Lot#: \_\_\_\_\_

Email: \_\_\_\_\_

Request date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Submit request or questions to: [Fairwayspringsarc@gmail.com](mailto:Fairwayspringsarc@gmail.com) or Drop in the clubhouse mailbox. (Email is fastest method)

## General information

The ARC does not require a specific manufacturer for your roof replacement. The ARC does require that the roof be harmonious with the community, and not significantly contrast with the color of the house.

The ARC will review the color of the house and the shingle manufacturer color with the approved color list referencing the GAF Timberline series.

The approved colors of the GAF Timberline series include Weathered Wood, Hickory, Charcoal, Shakeswood, Barkwood, Slate, Birchwood, Driftwood and White. These can be viewed online from the GAF site, located [here](#).

PASCO County requires a permit and a licensed contractor. Failure to follow PASCO County regulations can result in significant fines against the homeowner.

Project Description/Specific Notes: \_\_\_\_\_

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\*Generally, the ARC will contact you within approximately 14 days. Work must start within 30 days, and be completed within 90 days of start date.

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Page 2 of 2

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Manufacturer of shingles: \_\_\_\_\_ House (Main Body) color: \_\_\_\_\_

Manufacturer shingle color name: \_\_\_\_\_ House trim color: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor address: \_\_\_\_\_

Contractor phone number: \_\_\_\_\_ Contractor license number: \_\_\_\_\_

I understand the rules concerning the proposed improvement. This improvement in no way encroaches on a Neighbor's limited common area or common ground. I agree to abide by the rules established by the Association and will be solely liable for any upkeep required by the construction of this improvement Any approved improvement must be completed within (90) days or the approval may be revoked and application must be resubmitted. I agree to meet all legal requirements including Pasco County building codes  
(Initials): \_\_\_\_\_

I CERTIFY THAT THE PROPOSED CHANGES WILL BE LIMITED TO THE EXTENT DESCRIBED ABOVE.

(Initials): \_\_\_\_\_

## For ARC Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

PERMIT DENIED by: \_\_\_\_\_ Date: \_\_\_\_\_

Notified resident/owner of Permit determination \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

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