



ROOFING APPLICATION

Owner _____ Phone _____
 Property Address _____ Email _____
 Mailing Address _____
 Lot _____ Block _____ Tract _____ Original Plan# _____ Roof Type Allowed _____
 Architect / Roofing Contractor _____ Phone _____ Email _____
 Company Address _____

PROJECT DESCRIPTION:

Received Date _____
Fee _____ Receipt # _____

Proposed Roof Material _____ Manufacturer _____ Product Name _____
 Color _____ Existing Roof _____

SUBMITTAL CRITERIA:

1. No work of any kind shall commence prior to Art Jury approval.
2. Art Jury approval of roofing will be based on roof types classified for specific districts in compliance with deed restrictions.
3. Approval of roofing will be based on aesthetic appearance, appropriateness of the material to the architectural style and the impact on the neighborhood character.
4. **NO APPROVAL** will be given for the following:
 - a. Asphalt shingle roofing.
 - b. Materials imitating slate or clay tile.
 - c. Installation of alternative roofing materials within a district wherein a burned clay tile or slate roof is mandatory.
 - d. Rake end tiles.
5. Detached structures shall be re-roofed to match the existing residence at the time of re-roof.
6. Vents and flashings shall be painted to match roofing material.
7. Edge metal to match fascia color or submit color for approval.
8. All materials to be installed must have Art Jury approval.

ADDITIONAL INFORMATION

To ensure that the resulting construction meets the criteria above, the PV Homes Association may request some or all of the following:

- Photographs of existing roofing as viewed from the street/s.
- Architectural and structural details of finished eave, rake, ridge, gutter or skylight construction.
- Manufacturer's literature, specifications, and installation instructions.
- A sample of the proposed roofing material.
- If skylights are present, details must be submitted and reviewed at this time.
- If gutters and downspouts are to be changed, provide details of revised design.

Art Jury approval expires 12 months from the issuance of a building permit by this office.
 Applicant or Owner must contact PVHA at (310) 373-6721 for final inspection, required in addition to city inspections, upon completion of construction.

NOTE: THE APPROVAL OF THE PLAN COVERED BY THIS APPLICATION DOES NOT APPROVE OR PERMIT VIOLATIONS OF ANY PROTECTIVE RESTRICTIONS, AMENDMENTS OR ORDINANCES OF PALOS VERDES ESTATES

I have carefully examined and read the above and believe the same is true and correct.

_____ NAME & SIGNATURE DATE (Acknowledgement of Receipt of Installation Details)	_____ APPLICANT'S NAME & SIGNATURE DATE
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FOR OFFICE USE ONLY

Plans Checked-Out			Plans Returned		
Date	Name (print)	No. Plans	Date	Name (print)	No. Plans