

**REQUEST FORM  
ROOF REPLACEMENT FOR TOWNHOMES  
CRYSTAL TREE SUBDIVISION**

**HOMEOWNER:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**CONTRACTOR:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**COLOR CHART FOR ROOF SHINGLE REPLACEMENT**

EXISTING ROOF SHINGLE COLOR	REPLACEMENT ROOF SHINGLE COLOR	
	OWENS CORNING	GAF / ELK
DRIFTWOOD	DRIFTWOOD	WEATHERED WOOD
COLONIAL SLATE	ESTATE GRAY	SLATE
BLENDED GRAY & RED	TEAK	BARKWOOD

**Replacement Shingle Color Will Be:** \_\_\_\_\_

## **IMPORTANT NOTES:**

Consistent appearance must be maintained within each building for both manufacturer and roof shingle colors.

Example: Building with 3 adjoining townhome units –  
1<sup>st</sup> townhome owner desiring to replace roof that has a Blended Gray & Red roof shingle chooses GAF/ELK shingle in Barkwood. This owner submits a Request Form and receives approval. This approval would set the precedence for the entire building and the remaining two adjoining units would be required to use the same GAF/ELK shingle in Barkwood.

**CONCERNING PRIOR ROOF REPLACEMENTS & COLOR MATCHING:** In cases where roof replacements have been done in prior years, and the shingle color used has been discontinued, a matching shingle color by another manufacturer, other than those listed on the color chart, will be considered. This alternate shingle color consideration will pertain to that particular townhome building only. A sample will need to be provided for review and approval.

**APPROVALS:** Homeowner must receive a FORMAL, WRITTEN APPROVAL from the Homeowners' Association before proceeding with a roof replacement.

**PERMITS:** The homeowner shall be responsible for securing a permit from the Village of Orland Park. This Permit must be displayed in your front window.

**CERTIFICATE OF INSURANCE:** Your contractor must supply you with a certificate of insurance, stating that you (as homeowner) and the Crystal Tree Homeowners' Association are listed as additional insured. A copy of this certificate must be submitted along with your Request Form.

## **ROOF REPLACEMENT GUIDELINES:**

- Complete tear off required.
- Ice and water shield shall extend up the roof to a point 24 inches from the inside of the exterior wall.
- Ice and watershield shall be installed 36 inches around perimeter of chimneys and skylights, also a minimum of 36 inches in valleys and along sided walls.
- Install new lead flashings to soil vent pipes.
- Install minimum 15# felt.
- Ridge Vents – GAF Cobra Snow Country Ridge Vent or Benjamin Obdyke Ridge Vent.
- Minimum 30 year limited warranty on shingles.
- Must comply with all Village of Orland Park requirements.
- Dumpsters to be placed on driveway. (Placing dumpsters on street is prohibited.)  
Dumpsters should be placed, by contractor, on plywood or planking to protect driveway.
- No construction materials to be placed or stored on streets.

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**CONTRACTOR’S AGREEMENT TO COMPLY:** I have read the completed Request Form and agree to comply with all architectural requirements as directed. I understand that any product or workmanship that does not comply with the architectural requirements, as stated, will have to be brought up to those standards immediately, or the privilege of performing future work within the Crystal Tree Subdivision will be forfeited.

**Contractor’s Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**State License Number:** \_\_\_\_\_

**Homeowner’s Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

***SEND COMPLETED REQUEST FORM, ARCHITECTURAL REVIEW FEE OF \$50.00 PAYABLE TO THE CRYSTAL TREE HOMEOWNERS’ ASSOCIATION AND A COPY OF THE CERTIFICATE OF INSURANCE TO:***

***SCHRANK & ASSOCIATES, INC.  
P.O. BOX 186  
ORLAND PARK, IL 60462***

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**This portion for office use only:**

**Address of Roof Replacement:** \_\_\_\_\_

**ARCHITECTURAL REVIEW**

Approval: \_\_\_\_\_yes \_\_\_\_\_no

Reason for Refusal (if applicable): \_\_\_\_\_

**Board Member Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Additional Notes:**