

## THE HIGHLANDS

## THE HIGHLANDS COMMUNITY HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW BOARD

## **APPLICATION FOR RE-ROOFING / REPAINTING**

Owner's Name:					
Mailing Address:					
Phone Number:	Email Add	dress:			
Lot Address:		Lot	#:	_ [] Pelham	[] Chelsea
Contractor:					
Company:					
Mailing Address:		City, Stat	e Zip:		
Phone Number:	Email:				
Existing Exterior Colors: Attach a c	color photograph	of existing residenc	e.		
Siding Color:		Trim Color:			
Accent Color:		Front Door Cold	or:		
Wood Stain Color:		Shutter Color: _			
Roof Type:	Color:		_ Manufacturer: _		
Roof Accents: Yes 🛘 No 🖛 Type:		Color:			
Proposed Exterior Colors: Attach a	ın additional shee	et with color swatch	es.		
Siding Color:		Trim Color:			
Accent Color:		Front Door Cold	or:		
Wood Stain Color:		Shutter Color: _			
Roof Type:	Color:		_ Manufacturer:		
Roof Accents: Yes 🛮 No 🗘 Type:		Color:			
Application Submitted by:		Date :	Submitted:		
Approving Signature:		Date	Approved:		