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# Architectural Standards Committee (ASC)

## Roof Application

### PROPERTY INFORMATION

Owner Name: \_\_\_\_\_ Street address: \_\_\_\_\_

(We have your mailing address on file.)



Phone Number: \_\_\_\_\_

How would you like us to communicate with you? U.S. Mail: \_\_\_\_\_ (X) OR E-mail: \_\_\_\_\_ (X)

(If selecting e-mail, please provide your e-mail below.)

E-mail: \_\_\_\_\_

(Please print clearly and include only one e-mail address)

Is your home a Detached (Single Family) or an Attached (Cluster)?	
Detached: _____ (X)	Attached: _____ (X)
	

### REQUEST FOR APPROVAL

Please provide a brief description of the project below. Attach a detailed description to this form as well as required information specified. Examples include property survey, product brochure information, photographs of your home, drawings, etc. The Architectural Standards Guide may be found at [www.radissoncommunity.org](http://www.radissoncommunity.org) and the RCA Office. Applications submitted before 9am the day of the meeting will be reviewed that evening. Applications submitted after 9am the day of the meeting will be reviewed at the next scheduled meeting.

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### Photographs

Please provide color photographs of your home showing your entire home in the photograph. We suggest taking the photo from the street. For roof repairs, also include a photo showing the portion of the roof to be replaced. You may e-mail them to us at [asc@radissoncommunity.org](mailto:asc@radissoncommunity.org), please reference the application, name, and address in your e-mail.

I have attached photographs to this application ( X ) \_\_\_\_\_

**Shingle Information:**

Manufacturer: \_\_\_\_\_

Product Line: \_\_\_\_\_

Color name of shingle: \_\_\_\_\_

Type of Shingle: Architectural (X) \_\_\_\_\_ 3-Tab ( X ) \_\_\_\_\_ Other: \_\_\_\_\_

**Repair Information:**

Dimensions of repair: \_\_\_\_\_

Describe location of repair: \_\_\_\_\_

**Additional Information for Your Project**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that all information is true and correct to the best of my knowledge. I understand that this application will expire 6 months from the date of approval. I agree to take no action to implement this project until receipt of the final decision. OWNER'S SIGNATURE (Required) \_\_\_\_\_

Signatures must be legal property owner(s) or agent as power of attorney.