



PORT ROYAL[®]
PROPERTY OWNERS' ASSOCIATION

**ROOF REPLACEMENT
SUBMITTAL CHECKLIST**

Project Address _____

Lot _____

Property Owner _____

Project Description _____

Roof Material, Color, & Manufacturer (No Metal Roofing per PRPOA Deed Restrictions)

Contractor _____ Project Manager _____

Office Phone _____ Cell _____ Email _____

Date Submitted: _____

Owner Signature: _____

Approved By: _____

Date Approved: _____

Port Royal Association