

# Deacon Ridge Condominium Homeowners Association

## (Satellite Dish Approval)

P.O. Box 1866 Pittsboro, NC 27312 - Ph: (919)240-4045 - Fax: (919) 651-1387- MPierce@RPMPropertyPro.com

### SATELLITTE DISH SPECIFICATIONS

If you are interested in installing a satellite, the following guidelines have been established:

1. Satellite dishes may not be larger than 18".
2. You may not install your satellite dish to your building, roof, decks, patio, or any other structure on your building.
3. Your satellite dish must be installed on a 3ft. pole in back of your home as close to your home as possible.
4. If you satellite dish is installed over any underground utilities, the homeowner should understand that the utilities companies have the right to remove or damage your dish in the event of repairs. **(Before installation, your installers must check for underground lines before digging).** Utility companies are not responsible for re-installing or repairing your dish.
5. Exercise care around landscape material. If you install your satellite and do not follow these guidelines you may be asked to remove the dish at your expense. **NOTE: IF AFTER INSTALLATION, YOU ARE NOT GETTING SATISFACTORY RECEPTION, CONTACT YOUR INSTALLER AND SUBMIT YOUR ALTERNATE PLAN IN WRITING TO THE MANAGEMENT COMPANY AT THE ADDRESS ABOVE.**

I have read the above guidelines and understand that if the installation of my proposed satellite dish is not in full compliance with the above, that I will be asked to remove or correct the errors at my expense.

\_\_\_\_\_  
(Print) Homeowner Name

\_\_\_\_\_  
Homeowner's Signature

Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**NOTE: DO NOT MAKE ANY CHANGES OR ALTERATIONS UNTIL YOU HAVE APPROVAL FROM THE MANAGEMENT COMPANY. IN ORDER TO RECEIVE APPROVAL, YOU MUST SUBMIT THE FOLLOWING:**

1. A signed copy of this form
2. A drawing showing the planned location of the satellite dish and you home
3. Time of Completion.

#### FOR OFFICE USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason Denied: \_\_\_\_\_

Committee By: \_\_\_\_\_ Date: \_\_\_\_\_