

# HOMESTEAD WOODS HOMES ASSOCIATION

EXTERNAL MOUNTED SATELLITE DISH INSTALLATION

## REQUEST FORM

PLEASE PRINT

DATE OF REQUEST: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### INSTALLATION RULES AND REGULATIONS

1. A satellite dish must be eighteen (18) inches or smaller in diameter.
2. A satellite dish may be installed on the exterior of a residence. The satellite dish will only be installed on the rear roof, either side or the rear side of the residence:  
  
SATELLITE DISHES WILL **NOT** BE INSTALLED ON THE FRONT SIDE OF A RESIDENCE.
3. The installed satellite dish will **NOT** protrude away from the house any more than design necessitates.  
  
The installed satellite dish should blend well with the lines of the residence.
4. A satellite dish will be installed to reduce as much as possible, its' installed appearance from the frontal view of the residence.
5. The exterior color of the satellite dish will not contrast with the residence exterior color. Efforts should be expended to install the satellite dish so that its' silhouette visibility is reduced as much as possible from public and adjoining property neighbor view.
6. All required wiring attached to the residence exterior will be installed professionally, neatly and will be painted the same color as the exterior of the residence.
7. Association Member/Resident shall obtain all necessary permits and comply with applicable City Regulations.

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If there are any questions concerning the installation rules, PLEASE CONTACT THE CHAIRMAN OF THE ARCHITECTURAL COMMITTEE.

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A. INSTALLATION LOCATION OF SATELLITE DISH.  
 Rear Roof       Side of House       Rear Side of House

B. SATELLITE DISH SIZE: \_\_\_\_\_

C. SATELLITE DISH MANUFACTURER: \_\_\_\_\_

D. NAME OF COMPANY OR INDIVIDUAL WHO WILL COMPLETE INSTALLATION: \_\_\_\_\_

E. ESTIMATED BEGINNING DATE OF INSTALLATION: \_\_\_\_\_

F. ESTIMATED ENDING DATE OF INSTALLATION: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**This proposed installation was approved or disapproved by  
The Homestead Woods Homes Association Board of Directors**

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Name & Title

IF DISAPPROVED, THE FOLLOWING REASONS WERE STATED:

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