

QUEEN'S LANDING COUNCIL OF UNIT OWNERS

500 Queens Landing Drive, Chester, MD 21619

Phone: 410.643.5192 – Fax: 410.604.2712

ARCHITECTURAL CHANGE REQUEST FOR SATELLITE DISHES

Please complete pages 1 and 2 of this form and either drop it off at the clubhouse office or mail it to the address above or fax to (410)604-2712

Name _____ Date _____

Unit Address _____ Phone Number _____

Draw proposed placement of satellite dish. Provide an aerial view and side view, if possible.



Provide a narrative description of your proposed changes or modifications:

The following items in regards to installation of satellite dishes must be adhered to in order to be in compliance with this Architectural Request: (1) It is the unit owners responsibility to set up an appointment in advance with the on-site office for Inspection and approval of installation of the satellite dish by our maintenance staff; (2) the Unit Owner agrees that the wires associated with the satellite dish installation shall be covered or painted to make them blend in with color or the surface to which they are mounted in order to make them as inconspicuous as possible and (3) Please make every attempt when installing your satellite dish to view the installation from all interior/exterior angles in order to be considerate to your neighbor's view from their homes.

I understand the unit owner is responsible for all cost, future maintenance, and any damages resulting from or relating to the installation of the proposed request, even if it is approved and understand that responsibilities pass on to all future owners of this unit. The proposed changes must meet any and all codes, permits or other requirements deemed necessary by County,

State or other governmental authority. I will be responsible for complying with all licenses, permits, or code provisions as required by law. I understand the Queens Landing Council of Unit Owners is not responsible for obtaining any permits, licenses or any other requirements controlled by any government agency/authority. I understand that the changes requested ARE NOT AUTHORIZED until the Queens Landing Covenants Committee approves this request and I WILL NOT PROCEED WITH ANY WORK UNTIL I RECEIVE WRITTEN APPROVAL.

Estimated start date _____ Estimated completion date _____

_____	_____	_____	_____
Homeowner Signature	Date	Contractor Signature	Date

RECOMMENDATIONS:

Date _____ Approval Conditional Approval Denial
Chairperson, Covenants Committee

Date _____ Approval Conditional Approval Denial
Board Liaison, Buildings & Structures

Note: In the event all of the above recommendations do not agree to approve or deny this request, the Covenantns Committee Chairperson shall bring the matter before the Board of Directors for resolution at the next scheduled monthly Board meeting.

Action:
 Approved

Denied (see reason(s) for denial below or on attached enclosure)

Approved subject to the following conditions:

Chairperson, Covenants Committee Date

After Installation:
Signature of Maintenance Staff: _____ Date: _____