



**SATELLITE DISH**

**CRESTWOOD VILLAGE CO-OP FOUR, INC.**  
**Application for Architectural Modification – Satellite Dish**

**\*\*Please allow at least two weeks for processing\*\***

Date: \_\_\_\_\_ Resident Phone Number: \_\_\_\_\_

Resident Name: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Description of Requested Modification: \_\_\_\_\_

**The Following Documents Must Accompany This Request:**

\_\_\_\_\_ Contractor’s Insurance Certificate from the Contractor’s Insurance Company **with Co-Op as the Certificate Holder**

\_\_\_\_\_ Contractor’s Current State of New Jersey License

Contractor’s Name (performing request): \_\_\_\_\_

Contractor’s Address & Telephone Number: \_\_\_\_\_

**IMPORTANT: REQUIREMENTS FOR INSTALLATION OF SATELLITE DISH**

**\*\*\* NO Satellite Dishes Are Permitted on the ROOF \*\*\***

Installation Allowed **ONLY** on the following locations:

- **FASCIA**
- **POLE** – Of non-rusting material in the ground, within the 3’ area of your unit

Please note: If trees are blocking the reception, you will NOT receive permission to cut down trees.

**The resident is responsible for any damage or leaks caused by this installation, and the cost of repair will be paid by the resident.** If you sell your unit, the satellite dish must be removed prior to closing and paid by the resident.

**Initial** (I) (We), the undersigned unit owner/s, accept responsibility for any damage resulting from or caused by this installation.

**Initial** (I) (We), understand and agree that all damages will be repaired or replaced at the contractor’s cost.

**Initial** (I) (We), understand and agree that any work performed by an outside contractor is the resident and the contractor’s responsibility.

Crestwood Village Co-Op Four, Inc. is not responsible for faulty workmanship, or warranties for the product and performance of such installation. **Please refer to your Rules and Regulations, pages 8-11, BUILDINGS. Also, Article VIII – ALTERATIONS, page 21 of the By-Laws.**

Please be advised that advertising by the contractor is not allowed to be placed on the grounds (i.e., signs), except on the contractor’s own vehicle.

\_\_\_\_\_  
**Resident’s Signature**

\_\_\_\_\_  
**Date**

**SATELLITE DISH**

Please return this completed application to:

**Crestwood Village Co-Op Four, Inc.**  
**Independence Hall**  
**15 E Moccasin Drive**  
**Whiting, NJ 08759**

If you have questions, please contact the Co-Op office at 732-350-0230.

The Co-Op FAX number is: 732-350-6930.

**Co-Op Management Use:**

Date Received: \_\_\_\_\_ Date Forwarded On: \_\_\_\_\_

Reviewed by Maintenance: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Maintenance Supervisor

**Board of Trustee Use:**

Approved:

This modification request is hereby APPROVED, subject to all the terms contained herein and in the governing documents.

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

**Board of Trustee Use:**

Denied:

This modification request is hereby DISAPPROVED, subject to all the terms contained herein and in the governing documents.

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

ATTEST: \_\_\_\_\_  
Signature and Board Title Date