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