



SATELLITE DISH

CRESTWOOD VILLAGE CO-OP FOUR, INC.

Application for Architectural Modification – Satellite Dish

Requests take approximately 2 – 3 weeks for approval

Date: _____ Owner Phone#: _____

Resident Name: _____

Address: _____

Mailing Address (if different from above): _____

Description of Requested Modification: _____

The Following Documents Must Accompany This Request:

_____ Contractor’s Insurance Certificate (if not already on file, must be Faxed to the Co-Op Office 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

******Installation Allowed ONLY On The Following Locations:******

- a. On **FASCIA** (Trim or Siding by the ROOF)
- b. On **POLE of NON-RUSTING MATERIAL** (in 3 Ft. area of your unit) ON THE GROUND
- c. If **TREES** are Blocking the Reception, You Will **NOT** Receive Permission to Cut Trees Down
---Do Not Block Access and/or Grass---

****** NO SATELLITE DISHES ARE PERMITTED ON THE ROOF ******
If One of the Above Restrictions CANNOT Be Met. You Will Need A Different Carrier

The resident is responsible for any damage or leaks cause by this installation and the cost of repair will be paid by the resident. In the future, if your roof is scheduled for replacement, all costs for removal and re-installation of the satellite dish will be paid by the resident. If you sell your unit, the satellite dish must be removed and roof repairs made by a qualified, insured contractor prior to closing and paid by the resident.

_____ **Initial** (I) (We), the undersigned unit owner/s, accept the 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. **ALL CONTRACTORS MUST REGISTER IN THE CLUBHOUSE OFFICE WHEN WORK STARTS;** failure to do so will revoke their right to work in Village Four.

Residents Signature

Date

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

If you have any questions please contact the Co-Op office on 350-0230. The Co-Op FAX number is 350-6930.

Co-Op Management Use:

Date Received: _____ Date Forwarded On: _____

Board of Trustee Use:

Disposition:

By a vote of the Board of Trustees on _____ we hereby **APPROVE** this modification request subject to all the terms contained herein and in the governing documents.

ATTEST: _____
Signature and Board Title Date

Board of Trustee Use:

Disposition:

By a vote of the Board of Trustees at a meeting duly held on _____ we hereby **DISAPPROVE** this modification request subject to all the terms contained herein and in the governing documents.

ATTEST: _____
Signature and Board Title Date