

**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, mail it to the address above or fax to (410) 604-2712..*

Name \_\_\_\_\_

Unit Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Provide a narrative description of the proposed placement of the satellite dish:

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**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 of 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 of your neighbor's view from their homes.

I understand the unit owner is responsible for all costs, 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 owner's 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 \_\_\_\_\_

\_\_\_\_\_  
Unit Owners Signature                      Date

**RECOMMENDATIONS:**

_____ Chairperson, Covenants Committee	_____ Approve	_____ Conditional Approval	_____ Deny
_____ Board Liaison, Building & Structures	_____ Approve	_____ Conditional Approval	_____ Deny

Note: In the event all the above recommendations do not agree to approve or deny this request, the Covenants 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 \_\_\_\_\_