

**ARCHITECTURAL MODIFICATION APPLICATION FORM  
SATELLITE DISH INSTALLATION**

DATE: \_\_\_\_\_ Unit Address #: \_\_\_\_\_

UNIT OWNER (APPLICANT): \_\_\_\_\_

TELEPHONE #: (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include material, color, size/dimensions or areas involved.): *Satellite dish installation*

**ALL UNITS ARE PRE-WIRED FOR SATELLITE DISHES. DO NOT INSTALL OR DRILL  
INTO BUILDING WALLS**

Please see below example of **correct** Satellite Dish installation:



I / We hereby make application to CitySide Condominium Association, Inc. for the above described item to be approved in writing.

I / We understand and acknowledge the Board of Directors shall have 30 days after the date of **properly submitted receipt** of request to approve this request. Approval must be granted before work on the modification may commence and that if modification / installation is done without the approval of the Association, the Association may force the removal of the modification/ installation and subsequent restoration to original form at my expense (owner and/or tenant). Even if modification is approved, the Association has the right and obligation to require removal at owner's expense if the installation is completed incorrectly.

***All contractors are responsible for removal of debris as a result of improvements. Upon approval, remember to schedule with the Management office in advance for the installation date(s).***

Unit owner/tenant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

APPLICATION APPROVED ☐

APPLICATION DENIED ☐

For Association: \_\_\_\_\_ Date: \_\_\_\_\_