

SATELLITE DISH POLICY

Due to the direction needed to receive a signal, not all members may have the ability to install a satellite dish.

1. An Installation/Alteration permit must be submitted and approved **prior** to the installation of a satellite dish.
2. A site inspection will need to be done by the Property Manager and or Maintenance staff prior to the approval of the Installation/Alteration permit. The Property Manager will determine the location of the satellite dish. The Cooperative prefers that satellite dishes to be located in the rear of the townhouse whenever possible.
3. Miss Dig must be contacted **prior** to installation and the reference/job number must be written on the Installation/Alteration permit. (1-800-482-7171)
4. A professional installer must be used to ensure that the satellite dish is installed properly.
5. The dish will **not** be allowed to be attached to the building, roof, porch, porch railings, railings or barriers of any kind, or Cooperative owned privacy fences.
6. The location of the satellite dish must be in a flowerbed within the width of the installing member's townhouse. The dish may **not** be installed behind, beside, or in front of another member's townhouse.
7. All components of the satellite dish including the reflector, cone or reception arm must be contained within the flowerbed area. No portion may extend beyond the flowerbed border.
8. The hole for the wiring to enter the building must be in the mortar, not the brick. It must go through the sill plate. The size of the hole can only be large enough to accommodate the wiring. The hole needs to be sealed with silicone caulk after the installation of the wiring to prevent water damage to the building.
9. Any exposed wire running up the building must be in conduit and secured to the building.
10. The dish must be properly grounded.
11. The color of the dish must be black or gray.

12. Only one stationary, non-rotating dish will be allowed per townhouse. To preserve the aesthetics of the property, the size of the dish (reflector) cannot exceed one meter. (39.37 inches)
13. Members are required to carry liability insurance to cover full claims that may be made against the Cooperative as a result of any damage or injury caused by the satellite dish. Documentation must be provided with the Installation/Alteration permit and Colonial Townhouses must be listed as a certificate holder.
14. Management must do a final inspection once the dish has been installed.
15. The location of the dish **cannot** be changed without another site inspection.
16. Trees, shrubs, or landscaping of any kind may **not** be removed or altered in any way to accommodate satellite dish installation or reception.

FLOWERBED

- a. The flowerbed area may not exceed 48 inches from the building, including border material.
- b. The flowerbed area must be a clearly visible and defined flowerbed, i.e. plastic border, landscape timbers, bricks, or rocks, etc.
- c. The flowerbed border must be installed prior to, or immediately upon installation of the satellite dish.
- d. The pole must be driven down into the ground at least 24 inches. **DO NOT** use cement to secure the pole.
- e. The wiring from the dish to the building must be buried under ground, mulch, stone, etc.
- f. To prevent damage to the root system of the shrubs, no holes can be dug around the shrubs.
- g. The top of the dish may not extend above the lowest windowsill on the townhouse.
- h. The member will need to landscape in front of the pole to help preserve the building's aesthetic appearance.

NOTE: If a satellite dish is placed in any flowerbed, the member will become responsible for all maintenance to the flowerbed and shrubs. If access to the flowerbed area is required by maintenance or contracted services, the dish will have to be removed at the owner's expense.

REMOVAL: Members who choose to install a satellite dish are responsible for the removal of the dish, the pole, the wiring and patching of holes in the building upon move out. Members are also responsible for restoration of Cooperative grounds. A \$100.00 charge will be deducted from the Membership refund if removal or any portion of removal is done by the Cooperative.

I have read and agree to follow the Colonial Townhouses Cooperative Satellite Dish Policy.

Member Signature

Date

Member Signature

Date

COLONIAL TOWNHOUSES COOPERATIVE, INC.

3818 Pleasant Grove, Lansing, MI 48910

Phone: (517) 882-4176

TDD: 711

Fax: (517) 882-2520

Satellite Dish Installation Request

Member Name: _____

Date: _____

Address: _____

Phone: _____

I hereby apply for permission to install a satellite dish for use in my town home. I understand that the Colonial Townhouses Corporation Property Manager must inspect and approve the intended placement site for the satellite dish. A professional installer must do the installation. I also understand that I must carry and maintain liability insurance on the satellite dish and provide Colonial Townhouses Cooperative with proof of insurance. Colonial Townhouses Cooperative must be listed as a certificate holder. Written documentation of insurance must be submitted to the office before approval for satellite dish installation will be given.

I agree to comply with all provisions set forth in the Colonial Townhouses Cooperative Satellite Dish Policy. I also agree that any damage done to Colonial Townhouses Cooperative property, personal property of Cooperative members, or injury to Cooperative personnel, members, visitors, or animals caused in any way by the satellite dish or installation of, is my sole responsibility.

Member Signature: _____

MISS DIG – 1800-482-7171 Call MISS DIG before you schedule installation of your dish. MISS DIG will mark all areas where there are underground wires & gas lines to avoid an accident or disruption of other services.

MISS DIG REFERENCE NUMBER _____

Please give a copy of the satellite dish policy to your installer.

To help ensure that you are dealing with a reputable installer ask for a copy of their liability insurance, make sure it's current, and also ask for their D.B.A. (Doing Business As...)

Installation Company Name: _____

Address: _____

Phone Number: _____

Date of Installation: _____ **Please schedule installation Monday through Friday between 8:30 a.m. / 4:00 p.m. This will allow the Property Manager to review the installation site. If approved, installation may take place on the same day. Please call the Colonial Townhouses Cooperative office at 517-882-4176 when the installer arrives.**



Equal Housing Opportunity

INSTALLATION/ALTERATION PERMIT

PLEASE COMPLETE TOP SECTION

Revised 10/06

Application

I hereby apply for permission to install the following appliances and/or make the following alterations in or around my residence:

Work to be performed by: _____

Licensed Contractors number: _____

I hereby certify that this work will be performed in accordance with all applicable codes and regulations.

PLEASE PRINT

Name _____

Address _____

Phone Number _____

Date _____

Signature _____

PERMIT (To Be Completed By Management)

The permit requested above is hereby: Granted Denied

_____ Although the permit has been granted, the member may be required to restore the premises to original condition if the membership is transferred.

_____ **Satellite Dish Installation (see attached policy and permit)**

_____ This alteration required a licensed contractor.

_____ Call the office when this work is complete to be inspected.

_____ In finishing your basement, the walls cannot enclose the furnace or the hot water heater. All walls must be at least one foot away from furnace or hot water heater.

_____ Garden/Lawn/Shrubs Comments: _____

_____ Deck Size: _____ (See Deck Policy for Specifications.) Must be built in accordance with policy.

_____ Patio Size: _____ (See Patio Policy for Specifications.) Must be installed in accordance with policy.

This permit is subject to all requirements of the bylaws, Occupancy Agreement and other applicable regulations.

Date _____ Approved by _____