Dear Resident,

Please fill out the following application for installation of a mini satellite dish at your unit.

Your application will be reviewed by the Architectural Review Committee, or at our monthly Board of Managers meeting (which usually takes place on the third Wednesday of the month, except in December). Your application will be reviewed and either approved or denied. You will be notified by either phone, email, or mail carrier.

Do not install or set a date for installation until you receive approval from the Board of Managers, the management company, or the Architectural Control Committee. If you install a dish without approval, you may have to immediately remove your dish and will be subject to fines of $50.00 per day.

Once you receive approval, you may install your satellite dish in accordance with the specifications provided. If you have ANY questions regarding the proper and approved installation of your dish, please call the office for clarification. If you install your dish improperly, you will have to re-install it properly or remove it and will be subject to a $50 fine.

The owner of the condominium unit is liable for damage to common area or limited common area caused by the satellite dish installation no matter what the condition of the common or limited common areas were in before the installation. The owner will be billed for repair or replacement of the damaged areas.

The satellite dish must be removed when service is terminated.

Thank you for your understanding in this matter.

Requirements for Installation of a Satellite Dish

Unit owners may apply to install satellite dishes. Tenants must get permission from the owner and secure their signature on the satellite dish installation application. All applicants may install satellite dishes or antennas with the approval of the Board of Managers, the management company, or the Architectural Control Committee, subsequent to the following requirements:

1. Written request for installation must be submitted prior to installation.
2. Installation:
   A) All wires must be secured or covered.
   B) Dishes may not obstruct views of adjacent units.
   C) A diagram providing all dimensions and location of the dishes must be submitted with application.
   D) The color of the dish must blend with the color of the building or be painted to accomplish this. Gray is acceptable.
3. Safety Considerations:
   A) The satellite dish may not be secured to the wall of any building or to the rail or pickets of the balcony.
   B) Satellite dishes should not hang outside the balcony.
   C) First floor units must place the dish on the patio slab or adjacent to the building where it will not be a hazard to foot traffic.

NOTE: Owners choosing to use the service of a satellite broadcast provider, or allow their tenants to use that service, are still responsible for paying that portion of the monthly dues set aside for Cable TV. Installation requirements are subject to change and residents must bring installations into compliance within 60 days.
Ways to install a satellite dish

Dishes must be mounted on a tripod or in a bucket of concrete capable of withstanding high wind. Several types of tripods are available which can stand freely.

Do not attach satellite dish to the building or to the rails or pickets of the balconies. Dish should be within the enclosure of the balcony of second and third floor units. Dish should be on the concrete slab of the patio, adjacent to the building, or within the fenced area of ground floor units. Cables from dish should be secured with staples designed for that purpose or covered. A hole should be drilled into the living area adjacent to the Comcast cable and sealed with a wall bushing (see picture below). This hole must be drilled by the satellite provider in accordance with Dillon Valley East instructions or by a Dillon Valley East employee. The owner or tenant may NOT drill an access hole into the wall of the building.
Satellite Dish Application

Name of Resident: _____________________________________________
Name of Owner: _____________________________________________
Unit Number: _________________
Phone number of Resident: ____________________
Email of Resident: ___________________________
I (We) have read and agree to abide by the installation requirements.

_____________________________________________________
Signature of Resident

_____________________________________________________
Signature of Owner (if resident is not owner)

Attachment: Please attach a drawing of intended installation

Office use only:
Date submitted: _______________________
Application Reviewed & Approved: ________________________________
Notification sent, phoned, emailed: _______________________________
Installation Reviewed & Approved: ________________________________