

**THE RETREAT AT GREENBRIER CONDOMINIUMS ASSOCIATION
RULES AND REGULATIONS**

EXHIBIT A-1 – Application and Agreement for Satellite Dish Installation

(Revised: February 27, 2018)

Submit signed application to the Association Manager.

Application Date _____

Unit Address _____

Owner's Name _____

Home phone _____ Cell phone _____ Email _____

INSTALLATION INFORMATION:

Name of Company installing the Satellite Dish and related equipment: _____

Dish Model/Description: _____

(Attach brochure)

Location of Dish: _____

Date to be installed: _____

Owner, by signing this Application, certifies, acknowledges and agrees that:

1. I shall not authorize installation of the Satellite Dish until the Architectural Control Committee (ACC) has approved this Application, in writing.
 2. I shall not authorize the installation of the Satellite Dish prior to the inspection of the approved location by ACC.
 3. I shall be responsible for the maintenance, repair, use and removal of the Satellite Dish and for all costs necessary to repair any damage and/or destruction caused by the installation, use and removal of the Dish.
 4. I shall provide a refundable deposit of \$500 along with this Application and understand that its return will depend upon the condition of Condominium property upon the Dish's removal or ownership transfer.
 5. The Satellite Dish will be installed, maintained, and removed as required by the Rules and Regulations.
- I have attached: a copy of the contract and a Certificate of Insurance, reflecting General Liability and Workers' Compensation coverage and naming *The Retreat at Greenbrier Condominiums Association* as an additional insured.

I understand that I am responsible for the completed project's workmanship and quality.

Owner Signature: _____

Owner Signature: _____

Date: _____

Date: _____

EXHIBIT A-1 (Page 2) - Application for Satellite Dish Installation	
ACC Review and Approval	
(For The Retreat's Use Only)	
Application Date:	Applicant Names(s):
Date Application Received by Architectural Control Committee (ACC):	
Deposit Received: () Yes () No	Date Received:
ACC Action:	Date of Action:
Approved:	
Disapproved:	
Tabled:	
ACC's Follow-Up Inspection After Installation	
Inspection Date:	Inspector's Name:
Deposit returned? Yes () No () Date Returned: _____	
Reason(s) for Denial: _____	

