

**MAPLE RIDGE HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE
SATELLITE DISH INSTALLATION REQUEST**

Maple Ridge has established the following guidelines for any homeowner wishing to install a satellite dish:

1. Satellite dishes may not be larger than 18 inches; or 20 inches for HD systems.
2. The homeowner must contact the HOA for the preferred and/or acceptable locations for your satellite dish **prior to installation**.
3. The homeowner must contact all local utility companies to verify the location of underground utility lines.
4. If your satellite dish is installed over any underground utilities, the homeowner should understand that the utility companies have the right to remove or damage your dish in the event of repairs. Utility companies are not responsible for re-installing or repairing your dish.
5. Exercise care around landscape material.
6. Install, removal/replacement/repair of the roof, siding or any other area disturbed by the installation/removal/replacement/repair of the Satellite Dish is the responsibility of the homeowner.

If you install your satellite and do not follow these guidelines, you may be asked to remove the dish at your expense. Note: If after installation you are not getting satisfactory reception, contact your installer and submit your alternate plan in writing to Lambeth Management.

Name: _____

Property Address: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Email: _____

I hereby request that the Board and Architectural Control Committee review the attached request. **I agree not to begin work until I have written approval.** I agree to contact Lambeth Management once the work is completed in order for a follow-up inspection to be completed by the Architectural Control Committee or by Lambeth Management.

Homeowner's Signature: _____ Date: _____

For approval, you must submit the following:

1. **A signed copy of this form**
2. **A drawing showing the planned location of the satellite dish and your home.**

All necessary items need to be mailed to:
Lambeth Management
P. O. Box 8071
Greensboro, NC 27419

or faxed to:
336-464-2576

or emailed to:
Cheryl.Lmgmt@gmail.com

FOR OFFICE USE ONLY

Date Received _____

Received By _____

_____ Approved

_____ Denied: