

For Office Use: 1st Letter Date:
2nd Letter Date:

Committee Date:
Board Date:

**Heritage Pines Architectural Review Committee Application
* Satellite Dish Installation Request ***

Homeowner's Name: _____

Homeowner's Address: _____ Phone # _____

Lot # _____ Installation Date: ____/____/____

Location of proposed satellite dish installation & installer's name:

Sketch location of satellite dish on roof – Use back of this sheet if you need more room.

PLEASE NOTE: SATELLITE DISH MAY NOT BE VISIBLE FROM ANY STREET, AND THE PREFERRED LOCATION IS ON THE ROOF IN THE BACK OF THE BUILDING.

Upon signing this application, the homeowner understands that the Architectural Review Committee functions only to approve the acceptability of the appearance of changes to the exterior of buildings or land. There is no intention, expressed or implied, to approve or disapprove the adequacy of any change, its function, or subcontractor. The maintenance for operation or appearance of any installation is the homeowner's responsibility. If the application is approved, it in no way relieves the homeowner from obtaining any and all necessary permits that may be required by The Town of Cary.

HOMEOWNER'S SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE: FOR OFFICE AND COMMITTEE USE

STATUS: () APPROVED
 () REJECTED (EXPLANATION)

