

# Design Review Committee Approval Form For Satellite Dish and Exterior TV Antennas

## SITE PLAN SURVEY

Note: Antennas shall not be visible from the street so long as such placement will not impair reception of an acceptable signal. Attach evidence showing why an acceptable quality signal cannot be received 1) from inside the attic, or 2) from a location not visible from the street.

A processing fee of \$25.00 must accompany this application unless waived by the Design Review Committee. All Checks must be made payable to Lookout Landing Homeowner's Association.

All satellite dish and exterior TV antennas must be approved in writing by the Design Review Committee prior to installation.

Homeowner's name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print) First Last

Property address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Phone # days: \_\_\_\_\_ evening: \_\_\_\_\_ fax #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Antenna type: \_\_\_\_\_ Antenna size: \_\_\_\_\_

Identify installation location: \_\_\_\_\_

What is the color of the antenna: \_\_\_\_\_ Attach a sample of the antenna color.

What is the color of the background against which the antenna is to be attached: \_\_\_\_\_ Attach a sample of the background color.

Attach a photocopy of your as built showing the location where the antenna is to be installed.

Has screening been provided for a ground-mounted antenna visible from the street? Yes \_\_\_\_\_ No \_\_\_\_\_.  
Description of screening provided: \_\_\_\_\_

Is a mast extending more than 12 feet above the roofline or extending higher than the distance from the installation to the lot line required for your antenna? Yes \_\_\_\_\_ No \_\_\_\_\_.  
Description of screening provided: \_\_\_\_\_

If you responded "yes" then you must submit a drawing specifying the manner of attachment, and evidence (engineer's report or other evidence) that such attachment is secure considering the wind zone of the location and a copy of the permit issued by the Municipality of Anchorage.

Date scheduled for installation: \_\_\_\_\_

\_\_\_\_\_  
Homeowner's signature Date

\_\_\_\_\_  
Approval Signature Date

Satellite Dish Form (Revised 9/7/02)

\_\_\_\_\_  
Approval Signature Date