

**RANCHO TOMAS CITHOMES, INC.
ARCHITECTURAL REQUEST FORM
SATELLITE DISH POLICIES**

DATE: _____

NAME: _____ LOT# _____

ADDRESS: _____ CITY: _____

DAY PHONE: _____ NIGHT PHONE: _____

PROPOSED IMPROVEMENTS: _____

For aesthetic reasons, the desired location of the satellite dish is on the back of the unit. All attempts must be made to make Sure it is not visible to the front of the unit or common areas. All cables must be run from inside the unit or under the stucco weep screed. If they are mounted on the building, must be painted the background color. Cables may not be run under the eaves. Please note that if dish has to be mounted on the building the owner is responsible for the repair and painting of damaged surfaces when the dish is removed. Satellite Dish must be removed and areas must be patched and repaired once Dish is no longer in use.

PROPOSED START DATE: _____ EXPECTED COMPLETION DATE: _____

Submit two (2) copies of this form as well as any additional information describing the modifications/additions (including dimensions, materials to be used, color, locations on the property, distances to property lines, and elevation of improvements relative to existing dwelling.)

NEIGHBOR ADVISEMENT MUST BE SIGNED BEFORE APPLICATION CAN BE TURNED IN

The Architectural Committee has determined that it is in your best interest to advise your neighbors of any proposed improvements to your property and request that you have your adjacent neighbors sign where indicated below.

Adjacent Neighbors Name (No Tenants)	Address	Objections (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Objections by neighbors do not mean disapproval by committee. Objections will be reviewed by the committee.)

The intent of this request form is to maintain consistency throughout Rancho Tomas Cithomes and compliance with our governing documents. This form is not a substitute for any permits required by the city, county or state. Any modifications to landscaping should not interfere with proper drainage through your lot or through the tract in general. All work is subject to inspection by the homeowners' association.

Owners' Signature _____ Date: _____

NOTE: PLEASE TAKE THE TIME TO INCLUDE ALL THE REQUIRED INFORMATION. PARTIALLY COMPLETED REQUESTS WILL BE RETURNED, CAUSING DELAYS IN THE PROCESSING.

ARCHITECTURAL CONTROL COMMITTEE

Approved: _____ Disapproved: _____

Conditions of Approval or Reasons for Disapproval: _____

Date: _____ Signature: _____