

**2.11**

**Satellite Dish Antennae/  
 High Definition (HD)  
 Antennae**

**Application Form**

**Legal description:** Village \_\_\_\_ Sec \_\_\_\_ Blk \_\_\_\_ Lot \_\_\_\_  
**Address:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Phone (Res):** \_\_\_\_\_ **(Day):** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Estimated Start Date:** \_\_\_\_\_  
**Contractor Company Name:** \_\_\_\_\_  
**Contractor's Phone:** \_\_\_\_\_  
**Contractor's Address:** \_\_\_\_\_  
**Contractor's E-mail:** \_\_\_\_\_

**HOW TO APPLY**

1. Complete and sign this application.
2. Provide brochures, drawings, or photographs of the antennae. To speed processing provide as much information as possible.
3. Attach a copy of your property survey noting to scale, the location of the proposed antennae and associated structures.
4. All permits will be emailed. Homeowner email required.
5. Please visit our web site to check the posted agendas of the Plan Review Committee meetings at [www.thewoodlandstowship-tx.gov](http://www.thewoodlandstowship-tx.gov). Submission **does not** guarantee posting on the upcoming agenda.

	<b>APPLICANT INFORMATION - PLEASE PROVIDE THE FOLLOWING:</b>
	Are any trees over 6 inches in diameter as measured 2 feet from the ground proposed for removal? <b>(yes/no)</b> If yes, how many? _____ Indicate the location of the trees on the property survey.
	Satellite Dish Antennae/HD Antennae Specifications: Diameter of dish: _____ ft. Total height of unit: _____ ft. If ground mounted, indicate the overall installed height when the unit is in use as measured from natural grade: _____ ft. Material type: mesh, solid, other (please explain) _____ Color: _____
	Where will the Satellite Dish Antennae/HD Antennae be located? _____ Describe fully: _____ _____
	How will the dish be screened from view? Please describe: _____ _____

Use this space for comments, drawings or addition information.

**OWNER CERTIFICATION AND HOLD HARMLESS AGREEMENT**

1. The information set out above and included with this Application is accurate and complete.
2. The improvements will be completed in accordance with the approved application.
3. The improvements will not affect existing surface water flows at the lot boundaries.
4. Agents or employees of the Woodlands Township have my permission to enter the property during normal business hours.
5. Construction/Installation of the project specified in this application, may not begin until the action by the Plan Review Committee is granted and a permit has been issued by The Woodlands Township's Covenant Administration Department.

Owner understands that the Township does not review plans for compliance with applicable laws or codes, and that it is the duty of the owner and the owner's contractors or consultants to design and construct the proposed improvements according to applicable laws, codes and sound practices. Owner hereby releases and agrees to hold Township, The Development Standards Committee, and their agents and employees harmless from any cost or liability arising out of the review or approval of plans for the proposed improvements.

_____	_____
Owner Signature	Contractor Signature (optional)
Date	Date

**NOTE: Construction must be completed within 120 days of Plan Approval**

(For Office Use Only)

*Staff Approval Verification*

Date \_\_\_\_\_ Int. \_\_\_\_\_ Int. \_\_\_\_\_

\_\_\_\_\_

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*Committee Action* \_\_\_\_\_  
(date)

\_\_\_\_\_ Approved \_\_\_\_\_ Deferred

\_\_\_\_\_ Conditionally Approved \_\_\_\_\_ Returned

\_\_\_\_\_ Disapproved

*Supplemental Action* \_\_\_\_\_  
(date)

\_\_\_\_\_ Approved \_\_\_\_\_ Deferred

\_\_\_\_\_ Conditionally Approved \_\_\_\_\_ Returned

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