

# nhulunbuy corporation

## Supplementary Information for Satellite Dish installation

**MWA**

### Applicant Details

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

*Please select one option:*

**Tenanted property**

House Type \_\_\_\_\_

Roof mount

Ground mount

If Ground mount, site must be inspected.

Date inspected: \_\_\_\_\_

Signed: \_\_\_\_\_

Plan of Dish Location provided

Written landlord approval provided

**Private residential**

Roof Mount

Ground Mount

If Ground Mount, site must be inspected.

Date Inspected: \_\_\_\_\_

Signed: \_\_\_\_\_

Plan of Dish Location Provided

### NOTE:

Satellite dishes must be mounted to the rear of properties. Failure to comply with this requirement could result in Building Approval being refused. The dish must be mounted within the shaded area of the attached floor plan.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_