



## **FENCE AND SATELLITE DISH GUIDELINES**

***Yard markings are required before any digging takes place in your yard!*** To obtain yard markings, please complete and submit "Fence/Satellite Request" form, including the call to Barksdale AFB Civil Engineering. We require the Work Order number from BAFB CE as confirmation that you opened a work order with them.

**Fences** must be chain link, and cannot be higher than six (6) feet. All fences must be adequately stretched with poles straight and vertical. All fences must have a top rail and pole caps; and there must be a tension cable on the bottom. You are required to remove your fence at move out unless the inbound resident has agreed, in writing, to assume responsibility of your fence. We require this written agreement at or by move out.

**Satellite dishes** must be installed on a free-standing pole (no tripods) behind or to the side of the home. Satellite dishes are not allowed to be attached to any housing structures such as homes, garages, utility poles, fences or trees. All cables/lines must be **underground** to prevent accidental splicing during landscaping work. It is the resident's responsibility to verify their cable company has buried the line after installation. When you move out, please remove the dish from the pole; the pole is allowed to remain in the ground for use by the next resident.



**FENCE/SATELLITE REQUEST**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Circle one:    *Fence*                      *Satellite*                      *Both*

**Fence/Satellite Requirements**

**FENCES:**

- All fences must be chain link.
- All fences must be adequately stretched with poles straight and vertical. There must be a top rail, pole caps, and there must be a tension cable on the bottom.
- Fences cannot be higher than six (6) feet.
- Please complete diagram on page two (2) of this form.

**SATELLITES:**

- Satellite dishes must be located behind or to the side of the housing unit on a free standing pole (no tripods).
- Satellite dishes will not be attached to any housing structures such as homes, garages, utility poles, fences, or trees.
- Any lines/cables from the satellite dish to the house must be underground and is the responsibility of the resident to confirm their installer as completed this.
- When you move out, the satellite dish will need to be removed, but please leave the pole in the ground.

**Fence/Satellite Approval Information**

The resident must complete the Base Housing Dig Permit.

Resident is free to install fence/satellite once BAFB CE completes their markings and this document is approved by Barksdale Family Housing.

I accept responsibility for BAFB CE notifications and marking before fence/satellite installation. I also accept responsibility for fence/satellite maintenance, repair, and removal as required.

Resident \_\_\_\_\_

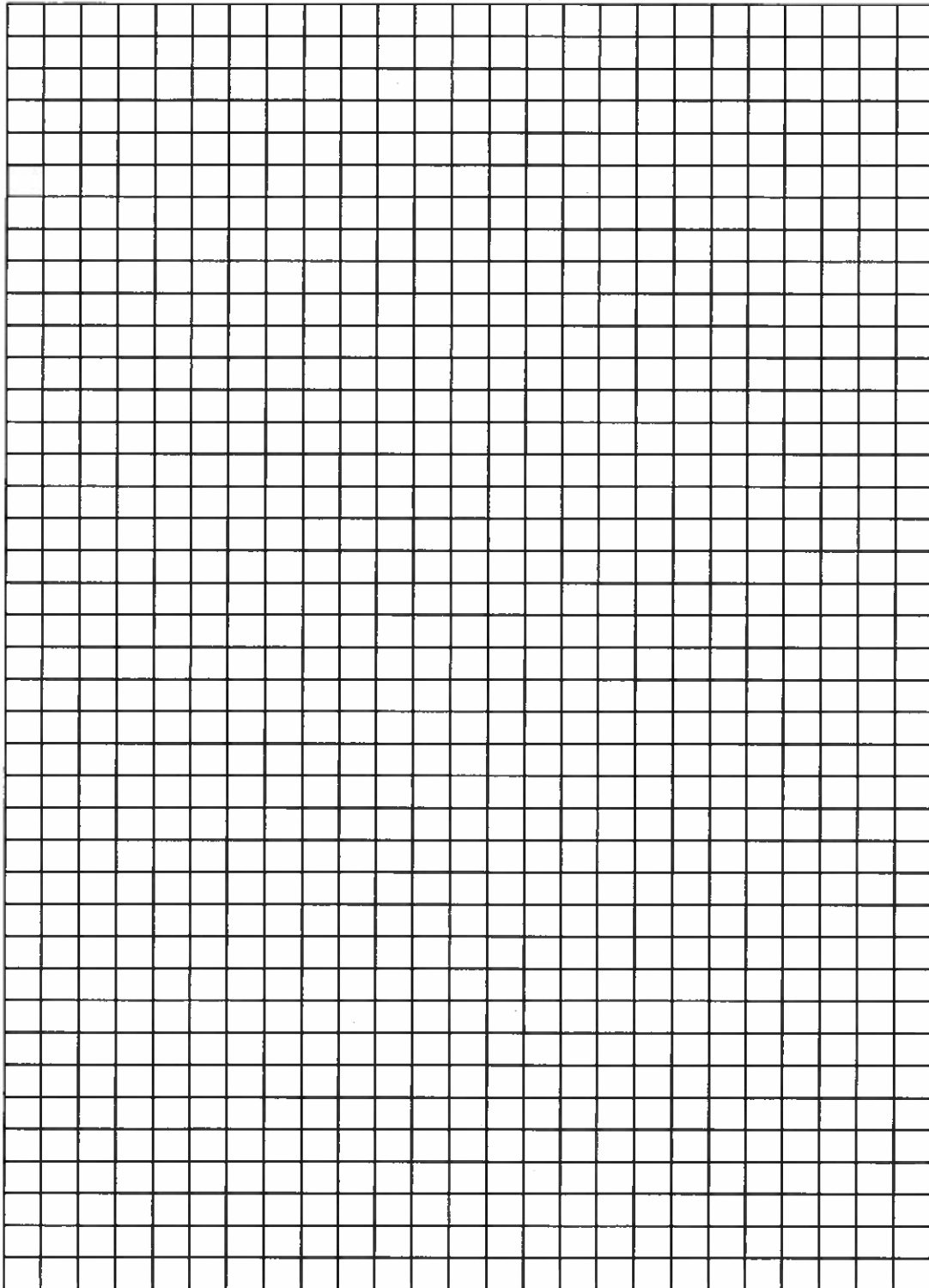
Date \_\_\_\_\_

Hunt Representative: \_\_\_\_\_

Date \_\_\_\_\_

## FENCE LAYOUT SHEET

Please indicate house, backyard, sidewalks and street. Include dimensions of fence and distances from structures.



<b>Base Housing Dig Permit</b>	Date Prepared
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**PART I - REQUESTOR INFORMATION**

1.  Main Base Housing  East Side Housing

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

Zip Code: \_\_\_\_\_ City: Barksdale AFB State: LA

2. TYPE OF ACTIVITY OR WORK INVOLVED

3. FULL NAME OF REQUESTOR	4. TELEPHONE NUMBER
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5. SIGNATURE OF REQUESTOR

**PART II - RESIDENT COMPLETES A, B & C. THEN TURN INTO LEASING OFFICE**

ORGANIZATION	BLDG & PHONE #	REVIEWER'S SIGNATURE
A. Safety	BLDG 5441 RM 142	N/A
B. COMMUNICATIONS	Bldg 7242                      456-4440  CALL TO SCHEDULE APPOINTMENT	
C. LA ONE CALL	1-800-272-3020 PLACE CONFIRMATION # IN SIGNATURE BLOCK	
*Do Last D. ELECTRICAL	BLDG 4845  This block to be filled out by CE	
*Do Last E. WATER & FUELS	BLDG 4845  This block to be filled out by CE	

**PART III - FINAL APPROVAL**

SEE CE REQUIREMENTS (Bldg 4845) AFTER ALL SIGNATURES. THIS FORM IS NOT COMPLETE WITHOUT FINAL APPROVAL IN BLOCK 9. MAPS AND/OR DIAGRAMS OF WORK TO BE ACCOMPLISHED MUST BE ATTACHED TO THIS FORM.

8. REQUEST CLEARANCE  APPROVED  DISAPPROVED

9. SIGNATURE OF APPROVING OFFICIAL (Chief of Operations Flight or Chief of Eng Flight)

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