

# SATELLITE DISH INSTALLATION APPLICATION

NAME: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SATELLITE DISH REQUEST TO BE INSTALLED AT:

ADDRESS: \_\_\_\_\_

PROPOSED LOCATION OF SATELLITE DISH INSTALLATION:

\_\_\_\_\_

\_\_\_\_\_

INSTALLATION TO BEGIN ON: \_\_\_\_\_

INSTALLATION TO END ON: \_\_\_\_\_

## ATTACH A PLOT PLAN SHOWING EXACT LOCATION OF INSTALLATION

THE HOMEOWNER AND THEIR DESIGNEES (CONTRACTOR) MUST COMPLY WITH THE FOLLOWING:

1. The installation guidelines and responsibilities as outlined on page 9 of this Handbook.
2. The City of Dublin and other governing agencies permits, building regulations, ordinances, etc., including any final inspection requirement.

Management Company recommends / does not recommend this installation for approval.

Board Approved \_\_\_\_\_ Board Disapproved \_\_\_\_\_

By: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SUBMIT FORM TO: THE CASE BOWEN COMPANY  
5940 Wilcox Place, Suite B  
Dublin, Ohio 43016-6805**

**PLEASE MAKE COPY OF THIS FORM FOR USE**