

# Dorset Glen Condominium Association

## Storage Pod Application

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

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

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

When Will Pod Be Delivered \_\_\_\_\_ When Will Pod Be Removed \_\_\_\_\_

Description of where pod will be located \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Picture or drawing of where Pod will be located:

The owner(s) or their designees (contractor) must comply with the following:

- The specifications as approved by the Board of Directors
- The City of Hilliard permits, building regulations, ordinances, etc.
- Repair of any damage to the Common Element or other condominium units

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

Approved or Disapproved

By \_\_\_\_\_

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

**PLEASE MAKE COPY OF THIS FORM FOR USE.**  
**Please email, fax or mail completed form to Stacia Collins**  
**at The Case Bowen Company**