

SMALL CELL FACILITY PERMIT APPLICATION

APPLICANT INFORMATION

Applicant Name:		Date:
Applicant is: <input type="checkbox"/> Carrier/Wireless Provider <input type="checkbox"/> Representative <input type="checkbox"/> Other:		
Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	

PROPOSED SITE LOCATION

Property Address:		
City:	State:	ZIP Code:
Closest Intersection (Distance and Direction from):		

EXISTING POLE/STRUCTURE INFORMATION

New Pole/Structure Construction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pole/Structure ID Number:	Height of Pole/Structure (feet):	Pole Color:
Existing Attachment(s) on Pole/Structure? (<i>e.g.</i> , banners, light fixtures) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Existing Structure Owner:		
Name of Structure Owner Representative:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

PROPERTY OWNER INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	

ATTESTATION & SIGNATURE

I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate.		
Signature of Applicant:		Date:
Printed Name of Applicant:	Title:	