

Wireless Telecommunications Facility Permit Application Form

Staff Use Only	
Application Number:	
Received By:	
Date:	

1.	Application is made for: (please c	plication is made for: (please circle any of the following that apply)			
	Replacement of existing facility	Construction of new facility	epair of existing facility		
2.	Briefly describe the facility for wh	ich the permit is requested:			
3.	Facility location (street address):				
1.	Contact information for the follow Owner Name: Address: Telephone: Fax: Email:	ving as applicable: (if necessary). Contractor Name: Address: Telephone: Fax: Email:	attach a separate page):		
	Erector Name: Address: Telephone: Fax:	Subcontractor Name: Address: Telephone: Fax:			

5. Please attach the following items:

Email:

 Legible site plan including specific location (legal description) and setbacks to adjacent property lines and buildings.

Email:

- Detailed drawing indicating the dimensions, materials and colors of the proposed wireless telecommunications facility and support structure.
- Certification by a registered professional structural engineer (required only for freestanding facility).
- Description of the lighting to be used (if applicable).
- Proof of liability insurance (required for freestanding facilities).
- Written lease or permission from property owner of site on which facility will be located (required only for sites not owned by applicant).
- Application fee of \$150.00.
- **6. Certification:** (must be signed in blue ink)

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am the property owner or am acting with the knowledge and consent of the property owner(s) as demonstrated by the attached lease and/or permission. I understand that all materials and fees required by the City of Craig must be submitted prior to having this application processed.

Applicant:	Date: