

EXISTING TOWER ANTENNA MODIFICATION PERMIT APPLICATION

- 1) NAME OF APPLICANT
2) APPLICANT'S MAILING ADDRESS
3) APPLICANT'S PHONE #
4) REPRESENTATIVE OF APPLICANT
5) REPRESENTATIVE'S MAILING ADDRESS
6) REPRESENTATIVE'S PHONE #
7) STREET ADDRESS OF SUBJECT PROPERTY
8) NEARBY REFERENCE POINTS TO PROPERTY
9) SUBJECT PROPERTY'S TAX ID #
10) ZONING DISTRICT

Please submit relevant plans in triplicate and a scope of work. The scope of work should indicate if height will increase, if weight load will increase, if proposed activities comply with state and federal requirements, and if any electrical service changes will occur.

The entity performing the modification must obtain a City of Gaffney business license. Please provide a copy of this application, once approved, to that entity.

I hereby authorize the person listed in item 4 above to represent me in any and all actions pertaining to this application.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application.

NAME OF APPLICANT/AGENT

DATE

FOR OFFICE USE ONLY
DATE APPLICATION SUBMITTED: REC'D BY:
DATE APPLICATION COMPLETED: REVIEWED BY:
DATE OF COMP'D REVIEW: STATUS OF REVIEW:
FEE: \$1000.00 PAID \$: ON