

Telecommunication Facilities Application for Temporary Permit

Submit to:

Athens-Clarke County Planning Department
120 West Dougherty Street
Athens, Georgia 30601
706-613-3515 / fax 706-613-3844

1. Name of the Property / Land Owner: _____
2. Owner of Temporary Telecommunication Facility requesting permit (usually a company): _____
3. Information for the Contact Person for facility requesting permit

Name: _____

Company: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

TEMPORARY TELECOMMUNICATION FACILITY INFORMATION

1. Street Address of the proposed Temporary Telecommunication Facility:
2. Tax Parcel Number:
3. Zoning Classification:
4. Height of Proposed Tower:
5. Setback Distance from Property Lines Front: _____ Rear: _____ Side1: _____ Side 2: _____
6. Length of Time the Temporary Telecommunication Facility will be used:
7. Type of Structure:
8. Service Area:
9. Describe any structures or equipment needed at the site to accommodate the structure' equipment shed, electrical'service, etc.):

CERTIFICATION AND APPROVAL

I hereby certify that the wireless telecommunication facility described above is in compliance with the requirements of Federal law and all of the requirements of the Code of Athens-Clarke County Section 9-1-144, and that the information contained in this application is true and correct.

Signature of Property Owner:

DATE:

**Signature of Telecommunication
Facility Owner or Agent:**

DATE:

FOR ATHENS-CLARKE COUNTY PLANNING DEPARTMENT OFFICE USE ONLY

**Permit fee received
(\$100)**

Yes No

Check Number:

Receipt Number:

Comments

Approved by:

(signature)

Date
