

**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

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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: \_\_\_\_\_

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**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:**

\_\_\_\_\_

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***FOR ATHENS-CLARKE COUNTY PLANNING DEPARTMENT OFFICE USE ONLY***

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

Yes  No

Check Number:

Receipt Number:

*Comments*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
*(signature)*

**Date**

\_\_\_\_\_