



# CELL TOWER APPLICATION

Map/Parcel # \_\_\_\_\_

Permit # \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Tower Owner \_\_\_\_\_

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owner \_\_\_\_\_

Construction Address \_\_\_\_\_

## Project Information

- ☐ New Tower.....\$3000
- ☐ Addition to Existing Tower.....\$500
- ☐ Replacement or Addition of Carrier Equipment..... \$500
- ☐ Section 6409 Collocation..... \$250
  - Carrier: \_\_\_\_\_

Estimated Cost of Project \$ \_\_\_\_\_

Scope of Project *(Be sure to include any buildings that will accompany towers and sizes of all structures.)*

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*Application is hereby made according to the laws and resolutions of Banks County to perform the above listed work.  
If a permit is issued, I agree to conform to all laws and resolutions regulating the same. By my signature below, I  
certify that the application and any attached data is correct.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date