

CITY OF CUMMING
 PLANNING & ZONING DEPARTMENT
 100 MAIN STREET
 CUMMING, GEORGIA 30040
 (770) 781-2024 FAX (770) 781-2029

APPLICATION FOR COMMUNICATION TOWER PERMIT

TOWER PERMIT NO. _____

PROJECT NAME: _____

SITE ADDRESS: _____

Map # _____ Parcel _____ Land Lots: _____ District: _____

***** **BUILDING CONTRACTOR** *****

Business License No.: _____ Business Name: _____

Address: _____

City/State/Zip: _____ Phone: _____ Pager: _____

***** **OWNER** *****

Last Name: _____ First: _____ MI: _____ Phone: _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Phone: _____ Owner Contractor Other

Class Work: (check one) New Addition Repair Move Demolish

Utility Company: (check one) GA Power co. Sawnee EMC Other

COMMUNICATION TOWER/COMMUNICATION ANTENNAS: Radio Frequency Range: _____

Height: _____(feet) _____(stories) Dwelling Units: _____ Commercial Units: _____ Total Acreage: _____

Proposed Use: Communication Tower/Communication Antennas and equipment (co-locating, satellites, etc.)

Zoning: _____ Setbacks: _____ Front Yard _____ Side Yard _____ Rear Yard

Corner Lot: Yes No (Corner Lot requires Front Yard Setback from all adjacent streets)

A LETTER OF AUTHORIZATION FROM THE PROPERTY OWNER MUST BE PROVIDED BEFORE PERMIT CAN BE ISSUED.

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR MECHANICAL, ELECTRICAL, OR PLUMBING WORK. THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SPECIAL CONDITIONS: All phases of construction shall be certified by a licensed engineer doing business in the County.

Contractor must submit copy of business license.

SIGNATURE OF APPLICANT (DATE)

APPROVED FOR ISSUANCE BY (DATE)

Type of Construction	Occupancy Group
Communication Tower Permit Fees	\$ _____
Communications Antennas /satellites, co-locating, etc.	\$ _____
TOTAL PERMIT FEE	\$ _____

