

**Wireless Telecommunication Facilities Application
Project Information Form**

Please complete this form and provide it to the Community's Consultant in order that we may establish our database and initialize the project.

Applicant: Applicant Project Name & #:

Applicant's Agent or Representative:

Address:

PRIMARY CONTACT INFORMATION

Contact Person (Site Acquisition): Contact Person (Carrier):

Phone No.: Phone No.:

Fax No.: Fax No.:

E-Mail Address: E-Mail Address:

Location/Address: Location/Address:

Contact Person (Support Structure Owner):

Phone No.:

E-Mail Address:

Fax No.:

Location/Address:

New Tower Co-location Modification

Site Address: City: County: State:

Tax Map Parcel # Zone

Please provide a narrative description of the wireless communications facilities work proposed and the reason or need for the work, e.g. gap in coverage, capacity, change in technology.

Amount of Escrow Deposit:

Date Escrow Deposit Submitted: Check No.

Submitted By (Name, title): Date:

NOTE: All applicants must contact the GCLG to arrange for a Site Visit and Pre-Application Meeting as the first step and prior to submitting an application.

(GCLG use only) GCLG Project name: