



CITY OF CARBONDALE
TOWER AND/OR ANTENNA USE PERMIT
(TAP) APPLICATION

FOR OFFICE USE:
TAP NO.
DATE

TO BE COMPLETED BY THE APPLICANT:
PROVIDER OR CARRIER NAME, ADDRESS AND PHONE:

APPLICANT'S NAME, ADDRESS AND PHONE:
LANDOWNER'S NAME, ADDRESS AND PHONE:

RELATIONSHIP OF APPLICANT TO PROVIDER OR CARRIER:

SITE INFORMATION:
ADDRESS: P.P.#

BRIEF LEGAL DESCRIPTION:

APPLICABLE ZONING DISTRICT:

TYPE OF WIRELESS COMMUNICATION FACILITY (WCF):

HEIGHT OF PROPOSED SUPPORT STRUCTURE AND/OR MOUNTING HEIGHT OF ANTENNA:

APPLICANT SHALL PROVIDE THE FOLLOWING ATTACHMENTS:

- LANDOWNER'S WRITTEN CONSENT TO LOCATE PROPOSED WCF
PROOF BY CERTIFIED MAILINGS OR OTHER REASONABLE MEANS THAT PROVIDER OR CARRIER HAS ATTEMPTED TO CO-LOCATE THE PROPOSED WCF ONTO AN EXISTING STRUCTURE
SCALED SITE PLAN, ELEVATION VIEW AND COLOR RENDERING OF PROPOSED WCF
COPY OF FEDERAL COMMUNICATIONS COMMISSION (FCC) LICENSE OR CONSTRUCTION APPROVAL
OTHER:

NAME: TITLE: DATE:

CO-LOCATION AGREEMENT AUTHORIZATION FOR TOWER REQUESTS:

I HEREBY ACKNOWLEDGE, THAT A CONDITION TO GRANTING A TOWER AND/OR ANTENNA USE PERMIT FOR A SUPPORT STRUCTURE (TOWER), IS TO MAKE AVAILABLE AND REASONABLY MARKET TO OTHER PROVIDERS AND CARRIERS, CO-LOCATION SITES ON THE PROPOSED TOWER. FAILURE TO DO SO MAY LEAD TO THE REVOCATION OF THE TAP PERMIT IN ACCORDANCE WITH 15-2L-14 OF THE CARBONDALE ZONING CODE.

NAME: TITLE: DATE:
PROVIDER (OR CARRIERS) AUTHORIZING AGENT

TO BE COMPLETED BY STAFF:

- TAP PERMIT REQUIRES ADMINISTRATIVE APPROVAL: YES NO
TAP PERMIT REQUIRES SPECIAL USE APPROVAL: YES NO
TAP PERMIT REQUIRES VARIANCE APPROVAL: YES NO

TAP PERMIT ISSUED BY:
NAME: TITLE: DATE: