



**MONTGOMERY COUNTY GOVERNMENT
BUILDING AND CODES DEPARTMENT**

350 Pageant Ln., Suite 309
Clarksville, TN 37040
Phone: 931-648-5718 Fax: 931-553-5121
www.mcgtn.net

APPLICATION FOR COMMUNICATION TOWER PERMIT

Application is hereby made for a permit in compliance with the Montgomery County, Tennessee Zoning Resolution to erect/alter a structure/structures as described herein or shown in accompanying plans to be located on the accompanying plot plan.

PROPERTY LOCATION (Complete as much information as possible)

Subdivision/Property: _____ Lot: _____ Block: _____ Tract: _____

Address: _____ City: _____ Zip Code: _____

CMAP: _____ GROUP: _____ PARCEL: _____ ZONING: _____

Owner: _____ Address: _____

APPLICANT / CONTRACTOR FIRM NAME: _____

Phone: _____ License Number: _____ E-mail: _____

Contact Person: _____ Mobile Phone: _____

Address: _____ City, _____ State: _____ Zip: _____

TYPE OF WORK

Tower Co-Locate Cabinet Add-on Other _____

Dimensions of Shelter or Cabinet _____ wide _x_____ deep_x_____ tall

TOTAL COST OF CONSTRUCTION: \$ _____ Total Sq Ft _____

PICK UP INFORMATION:

Date of Pick-up: _____ Before **OR** After Noon Check #: _____

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.

Contractor/Applicant Signature

Date