TOWN OF FARMINGTON

Application for Wireless Telecommunications Co-location

(Please Type or Print)

Application Date:	Application Number: WT (office use)
Name of Applicant:	
Address of Applicant:	
Telephone of Applicant:	
Name of Property Owner:(If different from applicant)	
Address of Property Owner:(if different from applicant)	
Telephone of Owner:	
Telephone of Tower Owner:	
Location of Structure:	
Map: Lot: Z	Zone:
Height of tower:	
Date of proposed co-location:	
☐ Submit a plot plan and construction de accessory equipment and/or structures	· · · · · · · · · · · · · · · · · · ·
☐ Submit certification that co-location cor	nstruction meets industry and FCC requirements
☐ Submit documentation of current FCC	license.
☐ Enclose a \$50.00 fee.	
Applicant Signature	 Date