

BUCKINGHAM COUNTY ZONING PERMIT FOR WCF'S

Application is hereby made for a permit: 1) to modify, attach and/or collocate on an existing Wireless Communication Facility (WCF), as shown herein or located as shown in accompanying plans. The information which follows is part of this application. It is understood and agreed by this applicant that any error, misstatement, or misrepresentation, either with or without intent on part of the applicant, such as might, or would operate to cause disapproval of this application, shall constitute sufficient grounds for revocation of such permit. A copy of the site plan and WCF application shall accompany this application.

APPLICANT: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE NUMBER: _____
WIRELESS PROVIDER (IF DIFFERENT FROM APPLICANT): _____

LANDOWNER: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE NUMBER: _____

WCF's OWNER: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE NUMBER: _____

TAX MAP SECTION _____ PARCEL _____ LOT _____ ACRES: _____ Lease Area: _____
Zoning District: _____ Flood District: _____

DIRECTIONS to the site from the County Administration Building:

Type of Work (antenna modification, attachment, collocation, etc.):

List Number of Additions and/or subtractions from WCF (attachments, arrays, feed lines, equipment cabinets, etc.): _____

Will electrical service to the site be modified? (circle one) YES NO

Dimensions of new equipment cabinet: _____

Signatures:
By signing I do hereby certify that the information given in this application is correct and true.

Applicant's Signature: _____ Date: _____

Office Use Only -----
_____ Approved _____ Approved w/ Conditions _____ Denied

Reason for Conditional Approval / Denial:

Other Comments:

Zoning Administrator Signature: _____ Date: _____