



Collocation/Modification of Wireless Telecommunication Facilities

APPLICATION FOR EXPEDITED REVIEW

APPLICANT'S CHECKLIST

ITEM #	REQUIRED ITEM	NUMBER OF COPIES	CHECK √
1	Application Form	1 original and 3 copies	
2	Elevation Drawings of the proposed tower, accessory structure, and any other proposed structures –Document use of	4 copies (will also be used for Building Permit)	
3	P.E. Certified structural design and certification of construction code compliance	4 copies (will also be used for Building Permit)	
4	Landscaping Plan and Site Plan	4 copies (will also be used for Building Permit)	
5	P.E. Certified Letter of Structural Capability	4 copies (will also be used for Building Permit)	
THE FOLLOWING ITEMS MAY BE REQUIRED. SEE THE FOLLOWING INFORMATION FOR DETAILS.			
6	Building Permit Application (if the request meets the eligibility criteria of Section II)	1 original	
7	Any additional information regarding special attributes of the	4 copies	

ALL APPLICABLE ITEMS ARE DUE AT THE TIME OF FILING. AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

ITEM 1. **APPLICATION FORM:** Original and notarized signatures of the property owner(s) and applicant(s) or a notarized statement by the applicant as to ownership are required. If a contract is used in lieu of the owner's signature, the signature on the contract must be an original and the contract must be valid for the duration of the approval process. See the application form for additional details.

ITEM 2. **ELEVATION DRAWINGS:** Drawings of the proposed structure and accessory structures and other proposed structures, include documentation of the use of stealth technology or lack thereof.

ITEM 3. **STRUCTURAL DESIGN AND CONSTRUCTION DRAWINGS:** Structural design of the



Collocation/Modification of Wireless Telecommunication Facilities

foundation and all attachments, showing compliance with all applicable local, state and federal codes, ordinances and regulations including but not limited to the most recent editions of the national electrical Safety Code and the National Electrical Code, as well as accepted and responsible workmanlike industry practices and recommended practices of the National Association of Tower Erectors. Certifications of structural integrity shall bear the signature and seal of a Professional Engineer licensed in Georgia.

- ITEM 4. **LANDSCAPING AND SITE PLAN:** Showing compliance with all required landscaping and buffering as outlined in Chapter 54 of the City of Milton Code of Ordinances and any other applicable screening requirements as well as any additions, changes or modifications of structures on the leased area.
- ITEM 5. **STRUCTURAL CAPABILITY LETTER:** A letter certifying the proposed collocation shall not exceed the applicable weight limits for the wireless support structure signed and sealed by a licensed PE in Georgia.
- ITEM 6. **BUILDING PERMIT APPLICATION:** A completed copy of the building permit application with original signatures (if proposal meets the criteria of Section II) Building Permit fees will apply.
- ITEM 7. **ADDITIONAL INFORMATION:** Any additional information the applicant may feel further describes the proposal.

**APPLICATION FOR
COLLOCATION OR MODIFICATION OF
WIRELESS TELECOMMUNICATION FACILITIES**

DATE: _____

TAX PARCEL ID. NO. _____

SECTION I

REQUEST DESCRIPTION

Office use only

WTF Case #: _____ Road Frontage: _____

Property Address (if available) _____

Existing Zoning _____ Proposed Use (Colloc. Tower/Attached) _____

Tower Owner _____ Contact Name _____

Height of Tower _____ Contact Phone Number _____

Proposed Mounting Height _____ Total Collocation Mounts Avail. _____

List of Existing Service Providers on the Support Structure _____

SECTION II ELIGIBILITY

Please check if any of the following apply:

The proposed collocation increases the overall height or width of the wireless support structure to which it is to be attached

The proposed collocation increases the dimension of the equipment compound approved by the local governing authority.

The proposed collocation does not comply with applicable conditions of approval applied to the WTF and wireless support structure.

Collocation/Modification of Wireless Telecommunication Facilities

The proposed collocation exceeds the applicable weight limits for the wireless support structure.

If any of the boxes above are checked then this proposal does NOT qualify for expedited approval and MUST be considered as a New or Attached WTF. Otherwise, the proposal is eligible to use this form and expedited 60 day approval process.

SECTION III OWNER/PETITIONER

NOTICE: Part 1 and/or Part 2 below must be signed and notarized when the petition is submitted. Please complete Section IV as follows:

- A. If you are the sole owner of the property and not the petitioner complete Part 1.
- B. If you are the petitioner and not the sole owner of the property complete Part 2.
- C. If you are the sole owner and petitioner complete Part 1.
- D. If there are multiple owners each must complete a separate Part 1 and include it in the application.

Part 1. Owner states under oath that he/she is the owner of the property described in the attached legal description, which is made part of this application.

TYPE OR PRINT OWNER'S NAME	Sworn to and subscribed before me this the
ADDRESS	_____ Day of _____ 20_____
CITY & STATE ZIP CODE	NOTARY PUBLIC
OWNER'S SIGNATURE	PHONE NUMBER

Part 2. Petitioner states under oath that: (1) he/she is the executor or Attorney-in-fact under a Power-of-Attorney for the owner (attach a copy of the Power-of-Attorney letter and type name above as "Owner"); (2) he/she has an option to purchase said property (attach a copy of the contract and type name of owner above as "Owner"); or (3) he/she has an estate for years which permits the petitioner to apply (attach a copy of lease and type name of owner above as "Owner").

TYPE OR PRINT OWNER'S NAME	Sworn to and subscribed before me this the
ADDRESS	_____ Day of _____ 20_____

Collocation/Modification of Wireless Telecommunication Facilities

CITY & STATE

ZIP CODE

NOTARY PUBLIC

PETITIONER'S SIGNATURE

PHONE NUMBER

SECTION IV

ATTORNEY / AGENT

Check One: [] Attorney [] Agent

TYPE OR PRINT ATTORNEY / AGENT NAME

SIGNATURE OF ATTORNEY / AGENT

ADDRESS

CITY & STATE

ZIP CODE

PETITIONER'S SIGNATURE

PHONE NUMBER