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| seal.gif | **Tower**  **Permit**  **Application** | | **County of Augusta**  **Attn: Building Inspection**  **P.O. Box 590**  **Verona, VA 24482**  **Phone: 540-245-5717**  **Fax: 540-245-5066**  **Email: bi@co.augusta.va.us** |
| **THIS IS AN APPLICATION ONLY. WORK MAY NOT BE STARTED UNTIL ALL FORMS ARE SUBMITTED, PAYMENT IS RECEIVED, AND PERMIT IS APPROVED.** | | | |
| **Property Owner Name:** | | **Site Information:** | |
|  | | Tax Map: | |
| **Name of Equipment Owner if Different from Property** | | Street Address: | |
| **Owner:** | | Subdivision: Lot: Blk.: Sec: | |
| **Contact Name:** | | **Contractor Name:** | |
| Phone: | | State License #: | |
| Address: | | Address: | |
|  | |  | |
| Email: | | Telephone: | |
| **Job Details** | | | |
| New Tower? If so, overall height?: | | Adding Antenna to Existing Tower?: | |
|  | |  | |
| Size of any new/changes to equipment shelters, fences, | | If so, number to be installed: | |
| other structures: | |  | |
|  | |  | |
| Detailed Description of Work: | | | |
|  | | | |
|  | | | |
|  | | | |
| Estimated Job Value: | | | |
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**PLEASE NOTE – IF A CONTRACTOR IS LISTED, AN AUTHORIZED EMPLOYEE OF THAT COMPANY MUST SIGN THE APPLICATION OR A WRITTEN SIGNED CONTRACT BETWEEN THE OWNER AND THE CONTRACTOR MUST BE PROVIDED.**

**AFFIDAVIT: The undersigned property owner authorized tenant/lessee contractor (check one) certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in denial or revocation of permit. I hereby authorize the County of Augusta to review this request and visit the site if necessary as a result of the review.**

**Signature Date**

**Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**