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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: |
|  |
|  |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**