PLANNING AND CODE ADMINISTRATION

City of Gaithersburg · 31 South Summit Avenue · Gaithersburg, Maryland 20877 · Telephone: (301) 258-6330 · Fax: (301) 258-6336
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TELECOMMUNICATIONS PERMIT APPLICATION

All information must be complete to initiate processing of application

SUBJECT PROPERTY

Street Address or Location _____

Zone _____

APPLICANT

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

PROPERTY OWNER

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

POLE OWNER *(if different from property owner)*

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

ARCHITECT

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

M/E/P ENGINEER

Business Name _____ MD Registration No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

STRUCTURAL ENGINEER

Business Name _____ MD Registration No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

GENERAL CONTRACTOR

Business Name _____ License No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

ELECTRICAL CONTRACTOR

Business Name _____ City License No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

HVAC CONTRACTOR

Business Name _____ HVACR License No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

APPLICATION TYPE

- ☐ New Facility (Non Small-Cell)
  - ☐ By Right
  - ☐ Special Exception
- ☐ Small Cell
  - ☐ Private
  - ☐ Non-City Right of Way
- ☐ Co-Location/Replacement
  - ☐ Minor - Staff Approval
  - ☐ Major - Special Exception
  - ☐ By Right
- ☐ Radio & TV Broadcast Stations

WORK DESCRIPTION

_____ Total Square Footage of Work Area (*do not leave blank*)

_____ Total Cost of Improvement (*do not leave blank*)

SUBMISSION REQUIREMENTS

- ☐ Pre-Approval from Planning Department (Must be completed prior to submission of application)
- ☐ Property Owner/Manager Approval
- ☐ Pole Owner Approval, if different from Property Owner
- ☐ Site Plan Showing Location
- ☐ Copy of Special Exception or Site Development Approval (if applicable)
- ☐ Complete Construction Drawings; including elevations (2 paper sets, 1 digital set)
- ☐ Antenna Specifications