



**TELECOMMUNICATION TOWER  
PERMIT APPLICATION**  
CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

Reference  
Waynesboro Zoning  
Ordinance Section 4.3.8

**A.) TYPE OF WORK:** (check all that apply) \*Like for like equipment exchange does not require a permit!

Building & Zoning Review Required:  New tower/Monopole (\$100)  Tower structural upgrade (\$100)

Equipment room/Shelter (\$100)  Electrical service (\$75 fee)

Zoning Review Required:  Adding antennas (\$100)  Modify existing antennas (\$100)  Temporary tower (\$100)

Other \_\_\_\_\_

**B.) SITE INFORMATION:**

\*Please attach all structural analysis and other supporting documents for work being performed.

Physical Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
(Printed)

Property Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Printed)

General description of work to be done: \_\_\_\_\_

If this is an existing tower, will any of the work being done add more than 20' in height to the structure?  N/A  Yes  No

Cost of work to be done: \_\_\_\_\_

**C.) APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_  
(Printed)

Property Owner  \*Duly Authorized Tenant/Lessee  Contractor (please attach a copy of your VA Contractor's License)

Contractor license #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Tradesman license #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Printed)

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* Power of Attorney Form is required.

**D.) SIGNATURE:**

**AFFIDAVIT:** The undersigned  property owner  \*duly 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 the denial or revocation of this permit. I hereby authorize the City of Waynesboro to review this request and visit the site if necessary as a result of the review.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Invoice #:

Date Rec'd: \_\_\_\_\_ Permit #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

BUILDING:  Approved  Denied By: \_\_\_\_\_  
Building & Zoning Department

ZONING:  Approved  Denied By: \_\_\_\_\_  
Building & Zoning Department