



ZONING PERMIT FOR TELECOMMUNICATIONS FACILITIES

Application

PROPERTY INFORMATION					
Property Information	Address:				
	Schedule Number:	Zone District:		<input type="checkbox"/> Denver Zoning Code (DZC) <input type="checkbox"/> Former Chapter 59 (FC59)	
	Legal Description:				
	Landmark District:		Property Total Land Area:		
Project Information	Project Valuation (\$):		Facility Location (At Grade or On Building):		
	Existing Facility or Building Description (If Applicable):				
Property Owner	Name:		Phone:		
	Address:				
	City:		State:		
	Email:		ZIP:		
APPLICANT INFORMATION (IF NOT PROPERTY OWNER)					
Aplicant (if same as owner, leave blank)	Company:				
	Name:		Phone:		
	Address:				
	City:		State:		
	Email:		ZIP:		
PROJECT DESCRIPTION					
Request	<input type="checkbox"/> Equipment Replacement and/or Equipment Addition (Collocation per DZC, Section 11.5.2.4 or FC59, Sec.84.G)				
	<input type="checkbox"/> Addition of New Equipment to Existing Building				
	<input type="checkbox"/> Alternative Tower Structure				
	<input type="checkbox"/> Telecommunications Tower				
	<input type="checkbox"/> Telecommunications Facilities - All Others				
	<input type="checkbox"/> Antennas not attached to a tower				
Review Type	<input type="checkbox"/> ZP	<input type="checkbox"/> ZPIN	<input type="checkbox"/> ZPSE	<input type="checkbox"/> FC59, Sec.41(b)	<input type="checkbox"/> Unknown
Landscaping and/or Screening Description					
ATTACHMENTS					
Required to submit all of the following (Including this completed application):		<input type="checkbox"/> Narrative including the Equipment Schedule <input type="checkbox"/> Engineered Stamped Plan Set, Elevations may be required			
SIGNATURE REQUIRED					
By my signature, I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate.					
Signature (Owner or Representative) _____					
Full Name (Print) _____ Date _____					