



TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301
Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

TELECOMMUNICATIONS FACILITIES CO-LOCATION
APPLICATION

Date Received: _____

Application fee: \$ _____

PROPERTY OWNER OF RECORD

APPLICANT / REPRESENTATIVE

Name: _____
Address: _____
City: _____
Phone: _____
Cell or other #: _____

Name: _____
Address: _____
City: _____
Phone: _____
Cell or other #: _____

GENERAL INFORMATION

- Parcel No.** _____ (i.e. RP10S18E150000 or RPOK3838999100 - obtained on your tax information or from the County Assessor's Office)
- Copy of deed showing ownership including legal description** (obtained from the County Clerk's Office)
- Section:** _____ **Township:** _____ **Range:** _____ **Acreage:** _____
- Address of Project** (if known): _____ **City:** _____
- Tower Owner information:** _____
- Identity** of the carrier, provider, applicant, landowner and service provider and their legal status.
- Name, address and telephone number** of the office, agent and/or employee responsible for the accuracy of the application.
- Plat of Survey:** showing the parcel boundaries, tower, facilities, location, access, landscaping and fencing, road names and locations, ground plan of all buildings, distance to all property lines, roads, buildings, wells, etc., by scale. **Drawn to scale on 11" x 17" paper.** Show orientation north.
- Engineering report:** prepared by an Engineer licensed by the State of Idaho certifying the structural design of the tower and its ability to accommodate additional antennas.

I hereby apply for the above permit and acknowledge that I have read this application and hereby certify that the information I have provided is correct.

Signature of Owner or Representative

Date

Signature of Applicant

Date